

Name  
in  
Full

Frances C. Bishop

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Springfield Hospital		County		
Town		Carroll		
Date of death 1905	Month July	Day 27	Age 49	Years
Sex male	Color or Race white	Birth-place Virginia		
Occupation Laborer	Where Residing if not at place of death Baltimore			
Married, Single or Widowed	Name of Wife or Husband	Mr. G. L. Bishop		
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased wife			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Malaria cholera

How long

Immediate Respiratory colic

How long

Are the name, age, sex, color, date and place correctly given above?

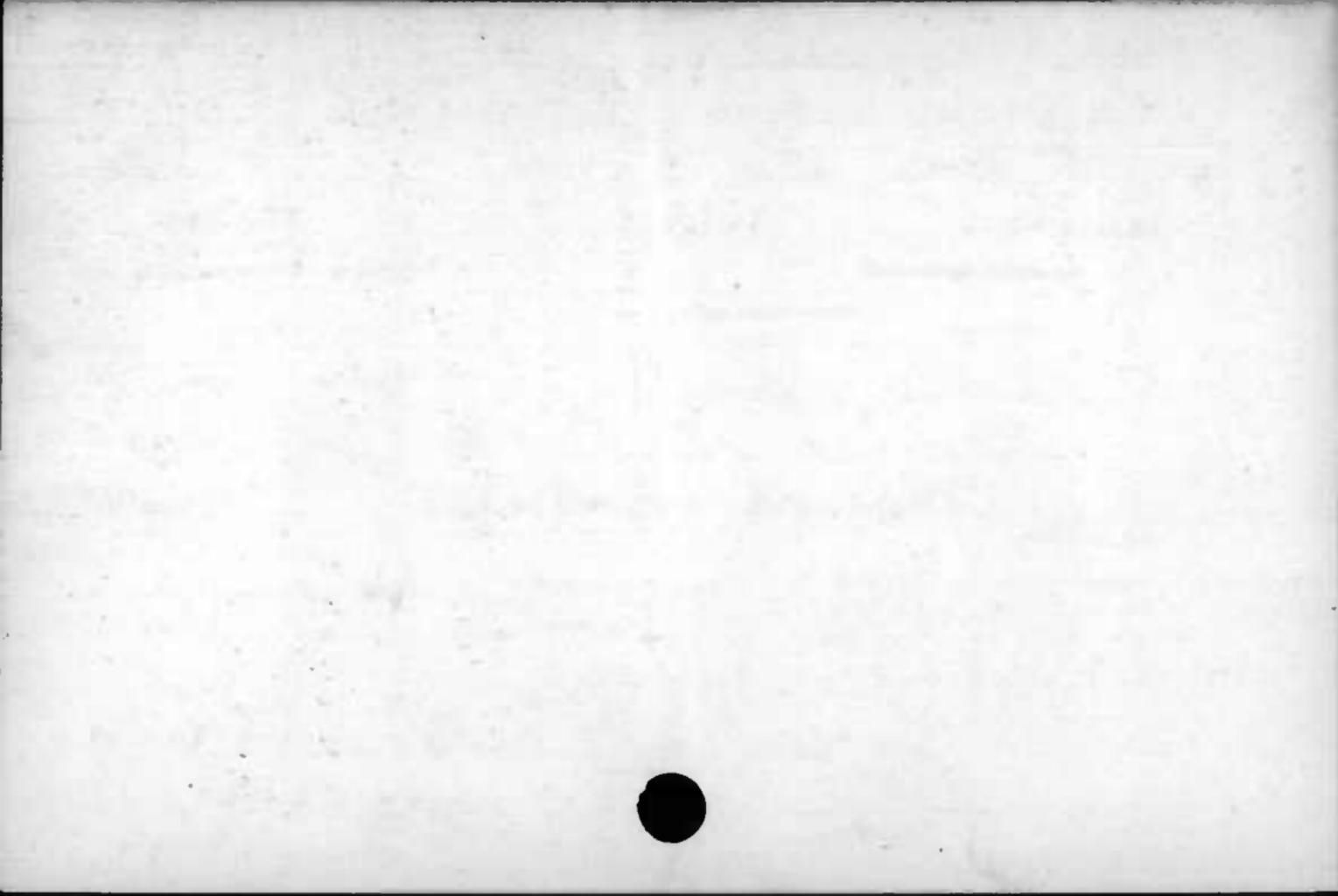
Yes

Signature of Physician

Address

J. Clement Clark  
Byresville

Accident or Suicide?



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Louis Boon

## CERTIFICATE OF DEATH

Died at

Louisville

Town

County

MARYLAND

Date  
of death

1905 July

Month

Day

Years

Months

Days

Sex

Male

Color or  
RaceBirth-  
place

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Husband

Father's  
Name

Louis P. Boon

Father's  
Birthplace

Md

Mother's  
Maiden Name

Annie Nichols

Mother's  
Birthplace

Md

Name of person giving  
Information

Annie Nichols

How related  
to deceased

Mother

## CAUSES OF DEATH

Primary

Cholera Infantum

How long

1 week

Immediate

Heart Failure

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

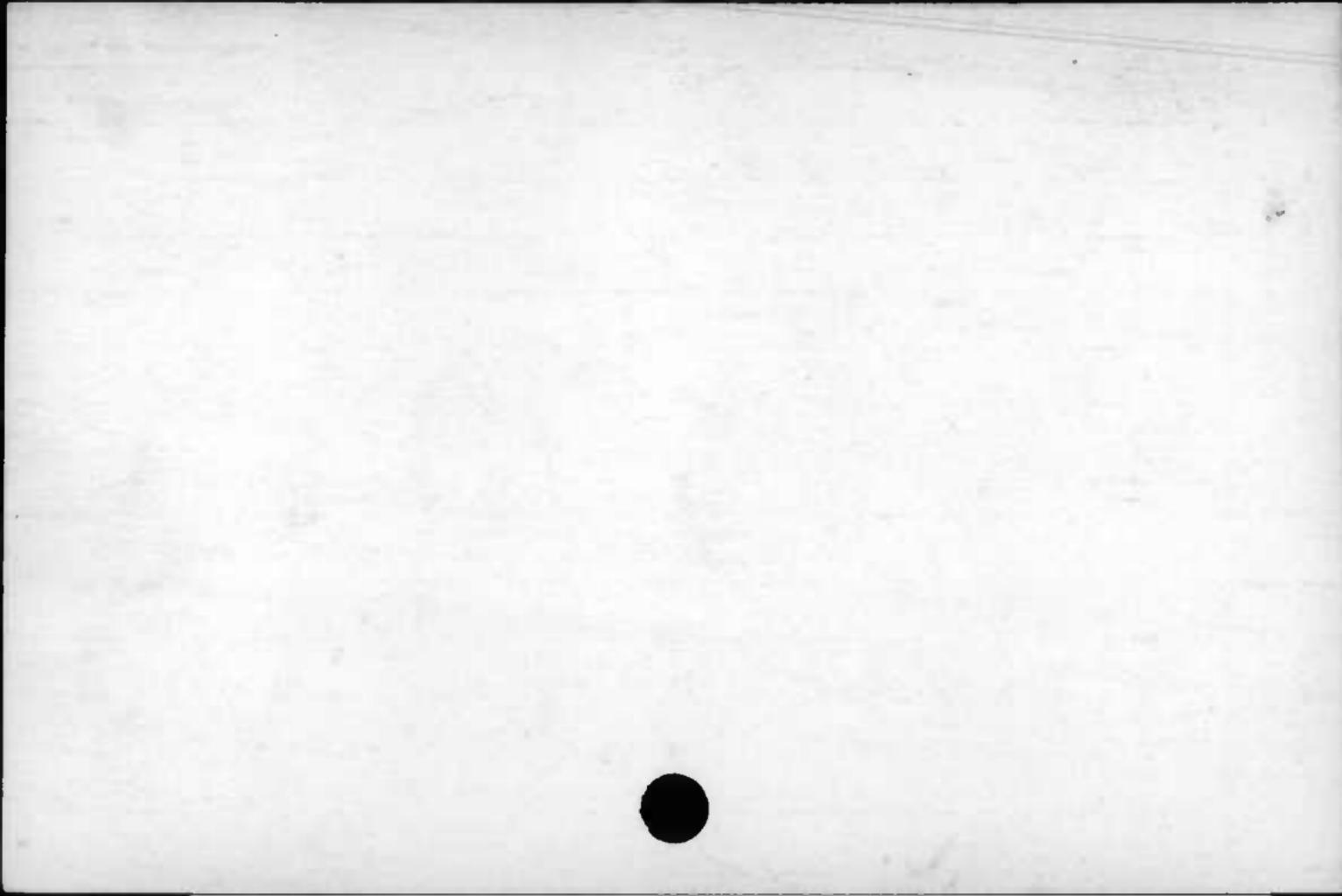
Signature of  
Physician

E N Gornick

Address

11d  
Gardner

Accident or Suicide?



Name  
in  
Full

David Bushy Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County	MARYLAND		
Died at	Sykesville	Le Marsall	5	13
Date of death	1905	Month July	Day 15 <sup>th</sup>	Years — Age —
Sex	Male	Color or Race	White	Birth-place Howard Co
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	David Bushy Brown			
Mother's Maiden Name	Mollie Aldridge			
Name of person giving information	R B Brown			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Teethmg, Complicated by Meur -

How long

3 days

Immediate

9 dis - Failure of Nervous System

How long

—

Are the name, age, sex, color, date and place correctly given above?

Yes

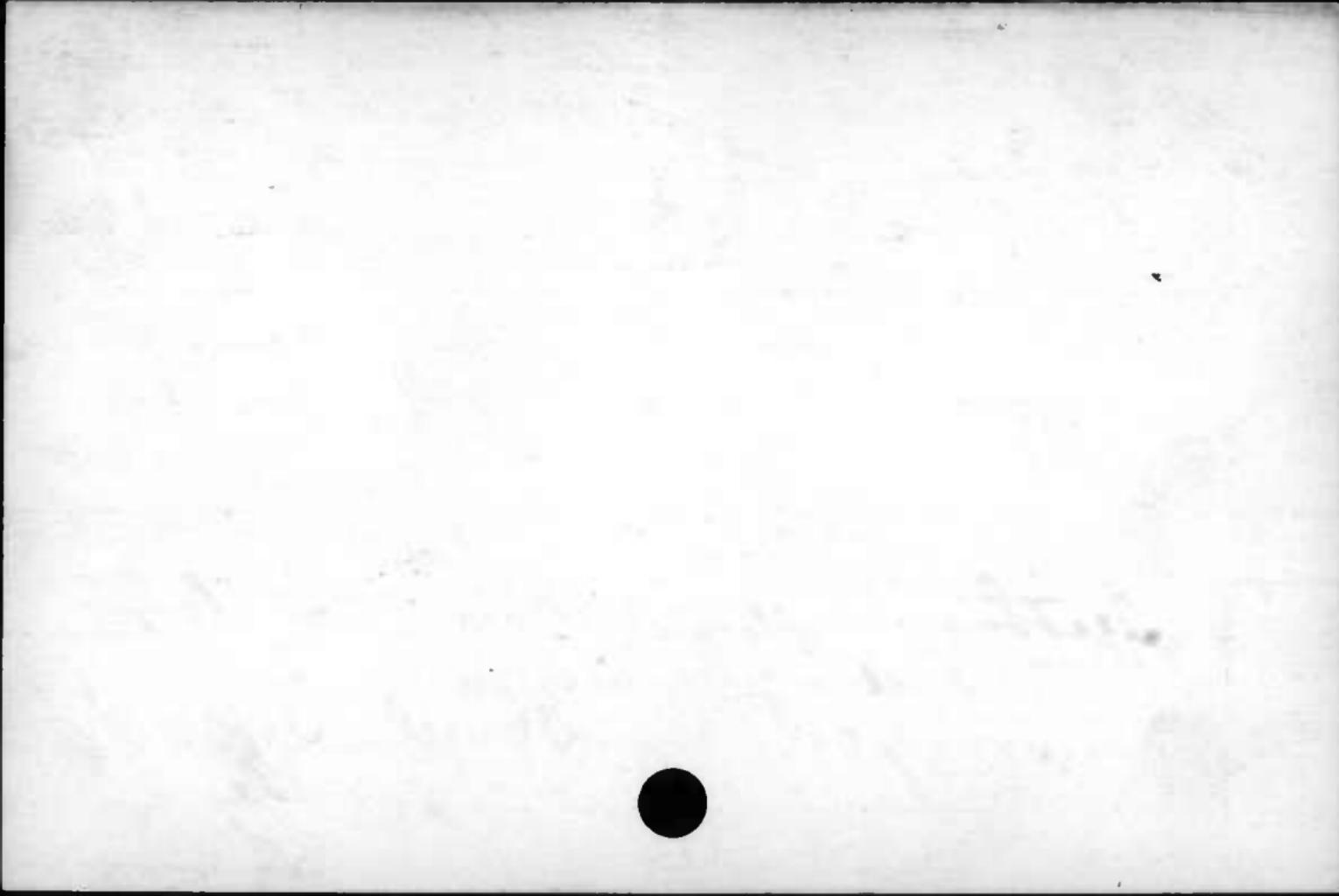
Signature of Physician

Daniel B. Gresham

Address

Sykesville  
Md

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Brown (Illegible) DEPARTMENT OF DEATH

Died at <u>Washington</u>		Town	County <u>Carroll</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>July</u>	Day <u>4</u>	Age <u>—</u>	Years	Months	Days <u>11</u>
Sex <u>Female</u>	Color or Race <u>colored</u>			Birth-place <u>Md.</u>		
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Thomas, Brown</u>	Father's Birthplace <u>Pa.</u>					
Mother's Maiden Name <u>Grace Gibson</u>	Mother's Birthplace <u>Md.</u>					
Name of person giving Information <u>Joseph Wilcox</u>	How related to deceased <u>Friend</u>					

CAUSES OF DEATH

Primary

Premature 15

How long —

Immediate

Convulsions —

How long 24 hours

Are the name, age, sex, color, date and place correctly given above?

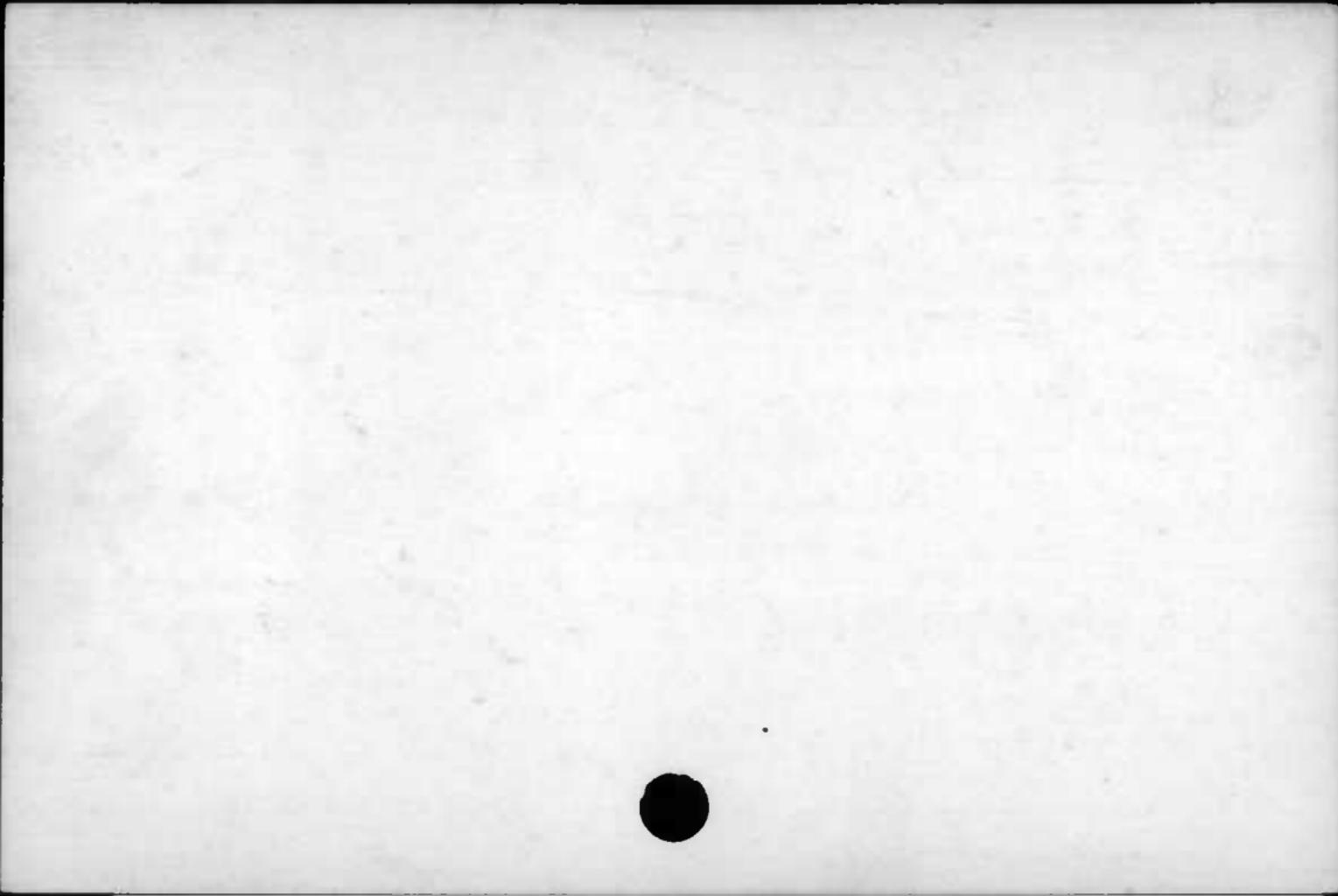
yes

Signature of Physician

Address

Chas. R. Foutz, M.D.  
Washington  
Md.

Accident or Suicide? —



Name  
in  
Full

Zavensia Estelle Browning

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Clark E Browning		
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased			

Hot Airy Md Carroll 36 7 3  
Female White American Hyattsville  
Housewife Hot Airy Md  
Married Wm. E. Browning Husband  
3 Wm. E. Browning  
M. A. Browning  
Clark E Browning

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Dysentery

How long

2 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

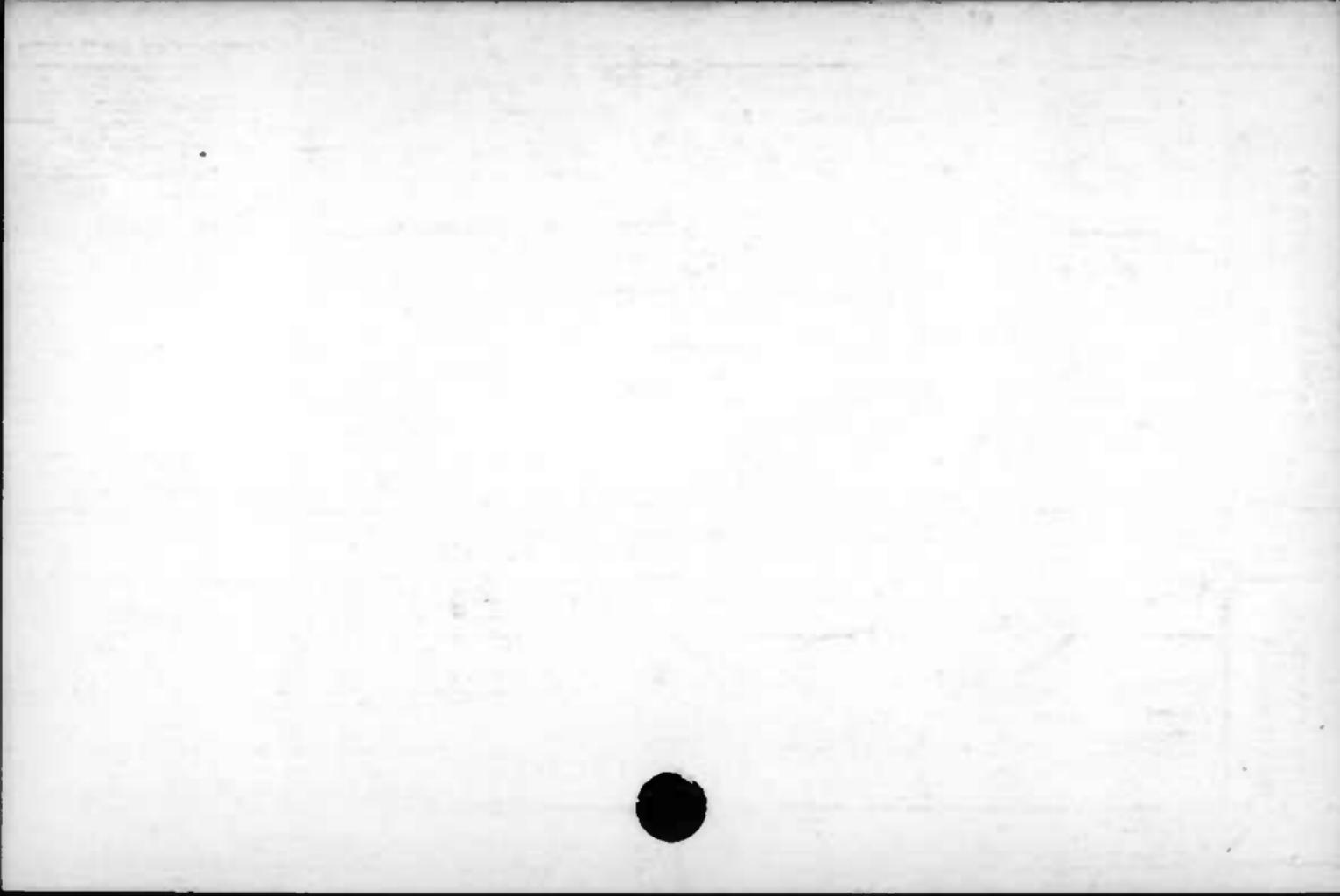
Yes

Signature of Physician

Address

E. Browning  
Hot Airy Md.

Accident or Suicide



Name  
in  
Full

Annie V. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	July	29	Age 83		
Sex	Female	Color or Race	white American	Birth-place	
Occupation	Teacher	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Edward Brown	Father's Birthplace			
Mother's Maiden Name	Virginia Merrill	Mother's Birthplace	Baltimore, Md.		
Name of person giving information	Merrill Musgrave	Now related to deceased	Cousin		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis	How long	10 months
Immediate	Edema of Larynx	How long	3 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	Dr. Brownell, M.D. W. T. Aley, M.D.
Accident or Suicide?			



Name  
in  
Full

Abraham David Buffington

CERTIFICATE OF DEATH

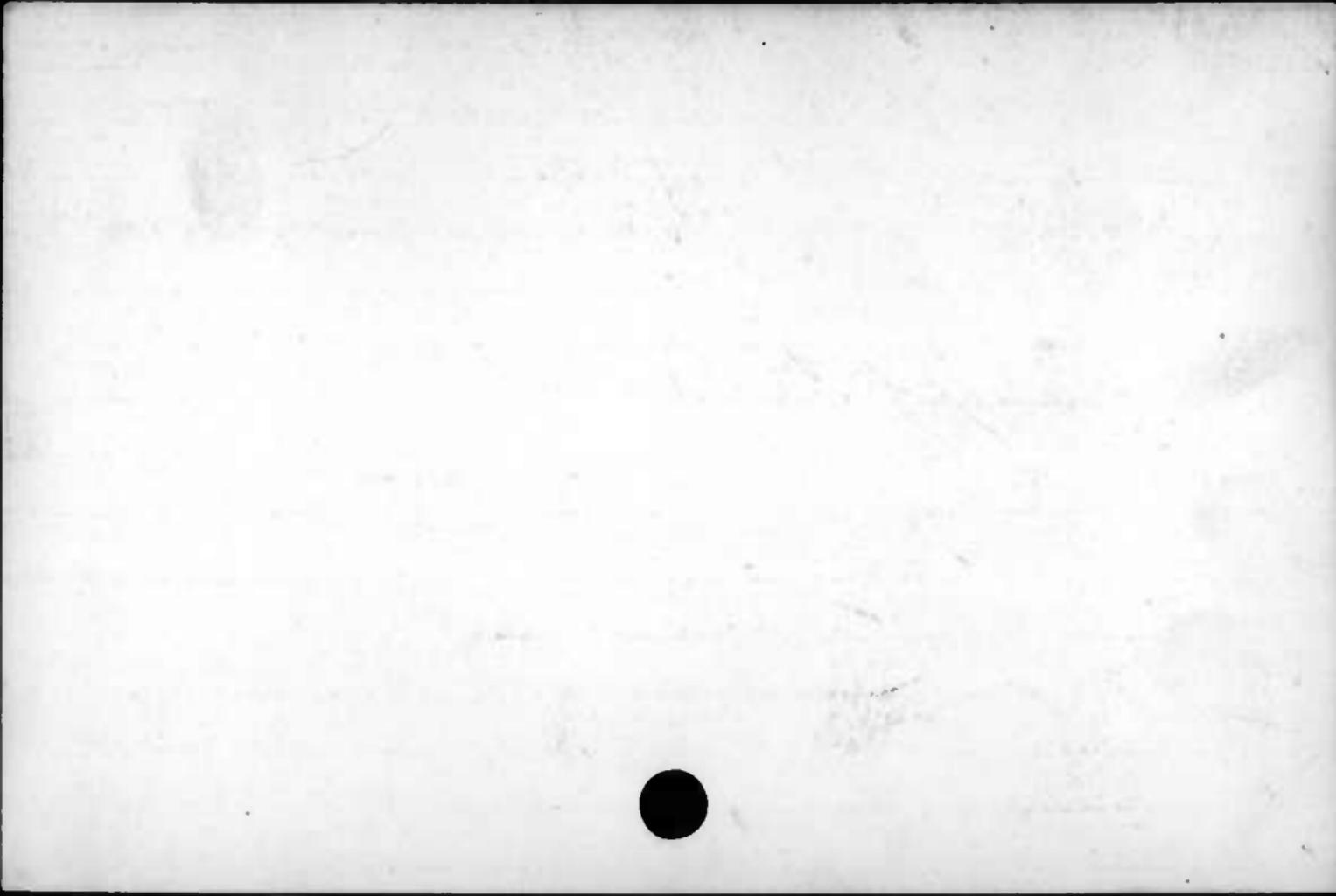
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Near Barkhill</u>		Town	<u>barroll</u>		County	MARYLAND		
Date of death <u>1905</u>	Month <u>7</u>	Day <u>25</u>	Age <u>66</u>	Years <u>66</u>	Months <u>1</u>	Days <u>8</u>		
Sex <u>Male</u>	Color or Race <u>White</u>				Birth-place <u>Near Middleburg</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death							
Married, Single or Widowed	Name of Wife or Husband	<u>Farmie &amp; Buffington</u>						
Father's Name <u>David Buffington</u>				Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Susan Angell</u>				Mother's Birthplace <u>Md</u>				
Name of person giving information <u>J.W. Buffington</u>				How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Heart Disease</u>	<u>79</u>	How long
Immediate	<u>Mitral Stenosis</u>	<u>5</u>	hours
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>H. E. Hoff. per G. O. Fuss</u>
		Address	<u>Fluorbridge Md</u>
Accident or Suicide?			



Peter Creagh

Died at	Town	Springfield	County	State Hospital			MARYLAND
Date	Month	Day	Y.	M.	D.	Native of	Occupation
July 19 <sup>th</sup> 1905			55	Yrs.	md.	Driver	
Male	White	Married					
Female	Colored	Single				Number of children living	

Husband of Wife Mrs Peter Creagh

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Cause of Death Primary nephritis How long sick 170

Death Immediate uraemia Accident, Suicide, Homicide

Reported by J. Clement Clark M.D.  
Address Dickerville Md.

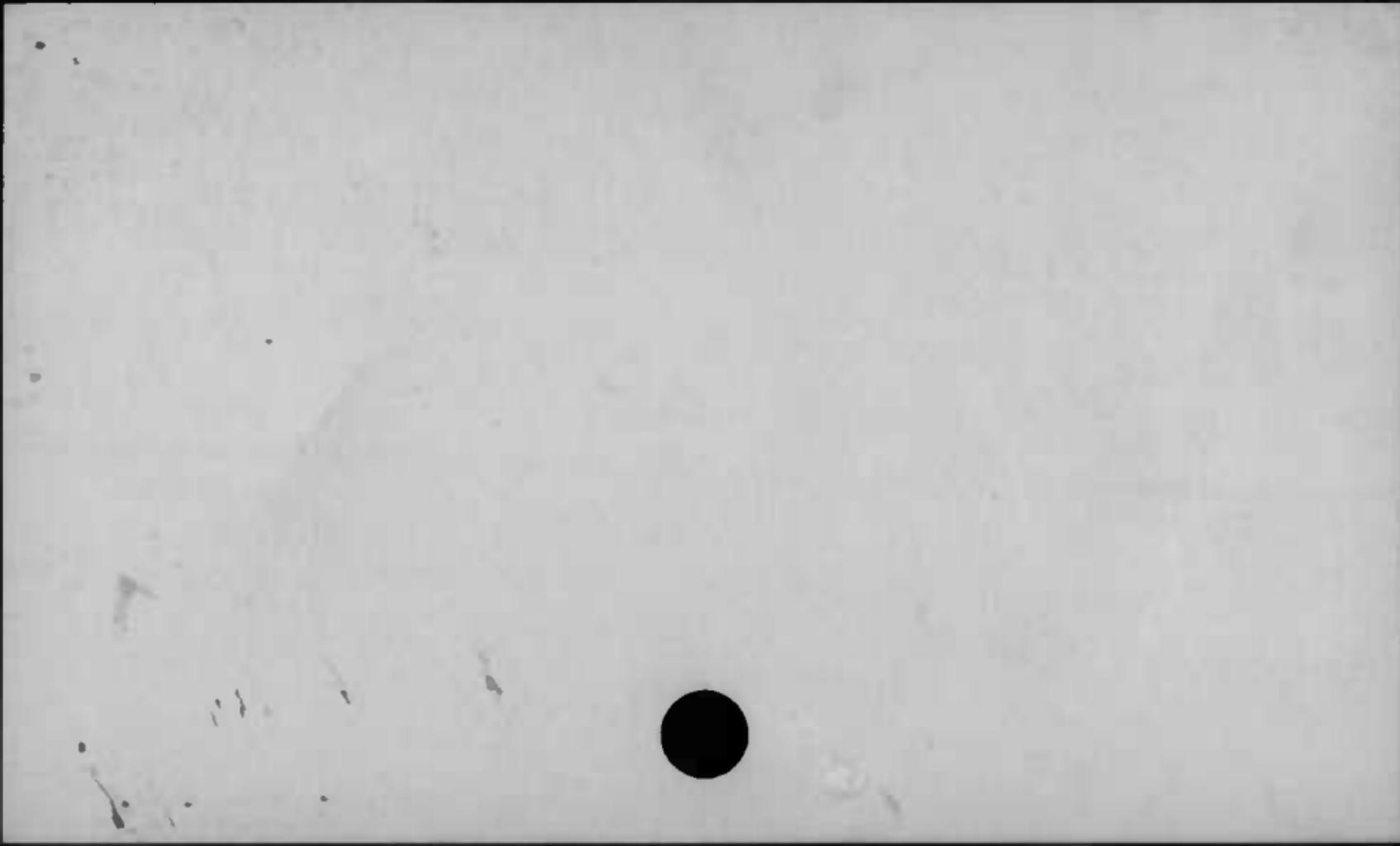
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Still born infant

Town		County		MARYLAND	
Died at		Carroll			
Date	Month	Day	Y.	M.	D.
1905	July	25	—	—	—
Male	White	Age	Native of		
Female	Colored	—	Md.		
Husband of			Occupation		
Wife			—		
Father's Name	Harry F. Curby		Mother's Maiden Name	Carrie Manly	
Cause of Death	Primary: Premature. 8 mos.		How long sick		
Death	Immediate		Still born 8.		
Reported by	JND Morris, M.D.				
Address	Eldersburg.				

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



William Davis,

## CERTIFICATE OF DEATH

Town		County			
Died at Near Union Bridge		Carroll		MARYLAND	
Date of death 1904	Month July	Day 28	Age 18	Years	Months 6 Days
Sex male	Color or Race Black		Birth-place Near Union Bridge		
Occupation Day laborer,	Where Residing if not at place of death Union Bridge				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name John Davis	Father's Birthplace				
Mother's Maiden Name Ellen Tucker	Mother's Birthplace				
Name of person giving information Ellen Davis	How related to deceased Mother				

## CAUSES OF DEATH

Primary	accidental by. Emply,	How long
Immediate	Engine, on W.M. R.R.	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Accident -

Frank J. Shanes  
Union Bridge  
Md.

Wheat Drive

Name  
in  
Full

Madeline Eckeroode

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Westminster</u> Town		County <u>Carroll</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>July</u>	Day <u>9</u>	Years	Months <u>8</u>	Days
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Carroll Co. Md</u>			
Occupation <u>—</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>George Eckeroode</u>	Father's Birthplace <u>Carroll Co. Md</u>				
Mother's Maiden Name <u>Barrie Thomson</u>	Mother's Birthplace <u>" " "</u>				
Name of person giving information <u>Chas Thomson</u>	How related to deceased <u>Uncle</u>				
CAUSES OF DEATH					
Primary	<u>Acute Indigestion</u> <input checked="" type="checkbox"/> <u>Convulsions</u> <input type="checkbox"/>				
Immediate	<u>Convulsions</u> <input checked="" type="checkbox"/> <u>Acute Indigestion</u> <input type="checkbox"/>				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Wm D. Wells  
Westminster

Accident or Suicide?

St. John's Cemetery

William L. Franklin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at <u>sums creek</u>		County <u>carroll</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>July</u>	Day <u>31</u>	Years <u>76</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>white</u>	Birthplace <u>md</u>			
Occupation <u>Fanner</u>	Where Residing if not at place of death <u>sums creek</u>				
Married, Single or Widowed <u>W.</u>	Name of Wife or Husband <u>Mary L. Franklin</u>				
Father's Name <u>Nathan Franklin</u>	Father's Birthplace				
Mother's Maiden Name <u>Keller</u>	Mother's Birthplace				
Name of person giving information <u>N. L. Franklin</u>	How related to deceased				

## CAUSES OF DEATH

Primary

Paralysis

How long

2 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

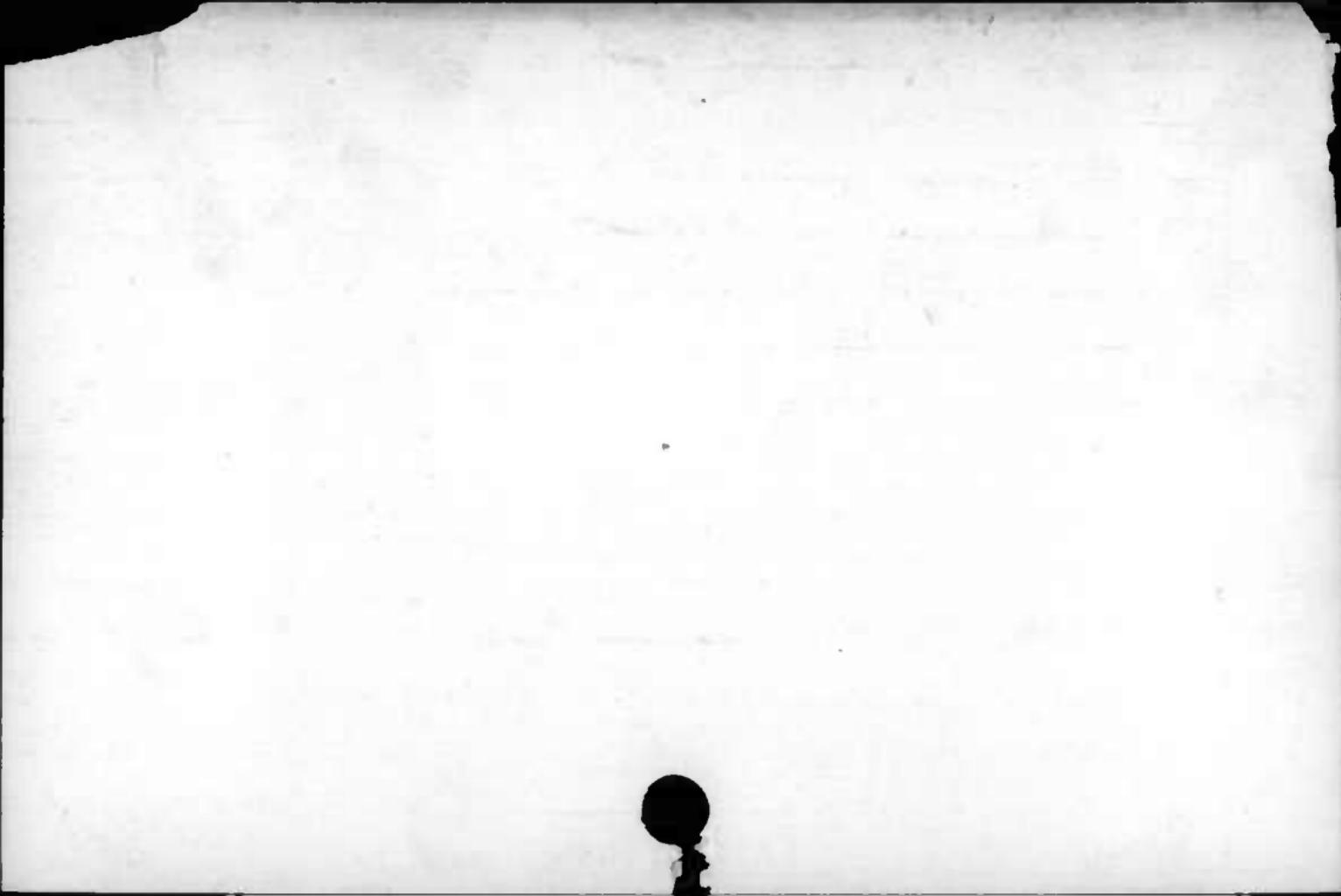
Yes

Signature of Physician

P. P. Brooks  
Messeton  
md.

Address

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Joseph H. Gillis					CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Date of death	1905	Month July	Day 19	Age	Years	Months	Days
Sex	Male	Color or Race	White American Notary and				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	John H. Gillis		Father's Birthplace	Carroll Co			
Mother's Maiden Name	Maggie E. Poole		Mother's Birthplace	Carroll Co and			
Name of person giving Information	John H. Gillis		How related to deceased	Father			

CAUSES OF DEATH

Primary

diarrhoea

How long

1 w/e

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

js

Signature of Physician

Address

W. E. Lane  
Notary and

Accident or Suicide?



Name  
in  
Full

Isaac Luther Goodwin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1905	Month July	Day 21st	Years One	Months two	Days twelve	
Sex	Male	Color or Race	White	Birth-place Maryland			
Occupation	Where Residing if not at place of death		✓				
Married, Single or Widowed	Name of Wife or Husband		Single ✓				
Father's Name	George N. Goodwin		Father's Birthplace			End	
Mother's Maiden Name	Mary S. Ogle		Mother's Birthplace			Mrs.	
Name of person giving Information	Geo N. Goodwin		How related to deceased			Father	

CAUSES OF DEATH

Primary	Cholera Infantum	103	How long	One Day
Immediate	Convulsions Internal	103	How long	12 hours

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

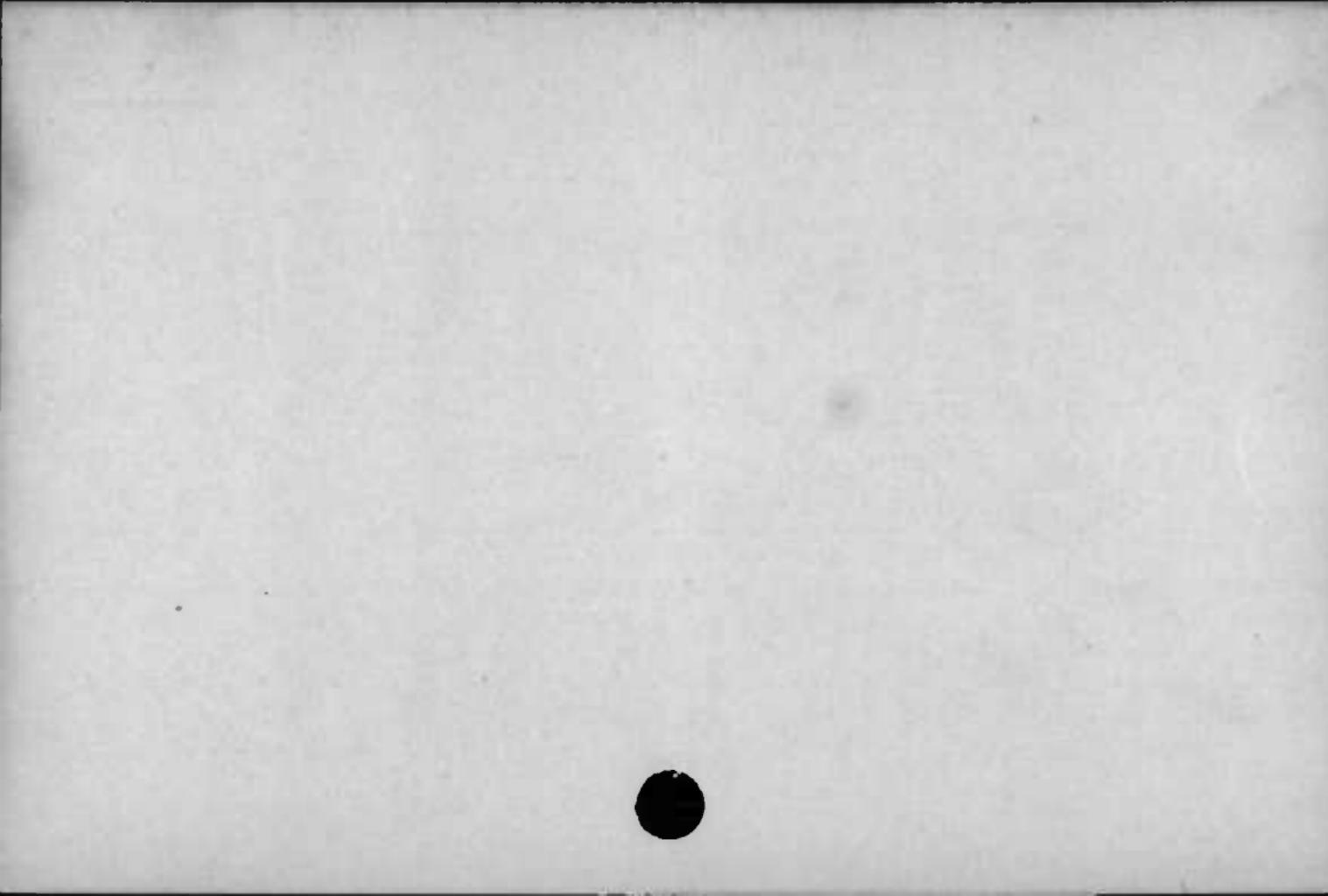
Signature of Physician

Luther Kews

Address

Uniontown, N.Y.

Accident or Suicide?



~~Infant of Maria Groome~~

Town

County

Died at

Sykesville

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1890

July 27

Age

- - -

- - -

Male

White

Widow

Divorced

Female

Colored

Widower

Number of children living

Husband of

—

Wife

—

Father's

Name

Jos. Hall S. Mother's Name

Cause of

Primary

Stillborn. Been

How long sick

Death

Immediate

dead several weeks.

Accident, Suicide, Homicide

Reported by

Midwives. MD.

Address

Clerk of City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

W<sup>m</sup> Franklin Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Year	Age	Months	Days
Sex	Color or Race		African		Howard 3 mi.	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		—			
Father's Name	Frank Brown		—			
Mother's Maiden Name	Layre, Dorothy		Baltimore			
Name of person giving information	Jos. Morris		Half brother			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pulmonosis ✓ About 2 yrs

Immediate

Effects of same About 2 mos

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

O. H. Tiffey  
Syracuse  
Md.

Accident or Suicide?



Name  
in  
Full

Levi Harrison Haudley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Died at	Fountain Valley		Carroll			
Date of death	Month	Day	Years	Age	Months	Days
1905	July	6	72	72	3	4
Sex	Male	Color or Race	White		Birth-place	Fred K. Co., Md.
Occupation	Farmer		Where Residing if not at place of death			
Married, Single or Widowed	Widower		Name of Wife or Husband			
Father's Name	Philip Haudley		Father's Birthplace		Dont know	
Mother's Maiden Name	Rebecca Stoudsifer		Mother's Birthplace			
Name of person giving Information	R. W. Doty		How related to deceased		Pastor	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Dropsy

40

How long

1. yr.

Immediate

Cancer of Liver

How long

6 mos -

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr Thos Bauman,  
Preston, Md.

Accident or Suicide?

St Benjamins cemetery  
stones.

Name  
in  
Full

Charles Howard Harris

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Howard F. Harris				
Mother's Maiden Name	Margaret E. Bloom				
Name of person giving information	Howard F. Harris				
Father's Birthplace	Israel Run Mills, Md.				
Mother's Birthplace	Finksburg, Md.				
How related to deceased	Father				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Marasmus



How long

2 months

Immediate

Dropsy

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Samuel L. Moore

Address

Finksburg, Md.

Accident or Suicide?



Name  
in  
Full

Gilbert Otto Hawkins

CERTIFICATE OF DEATH

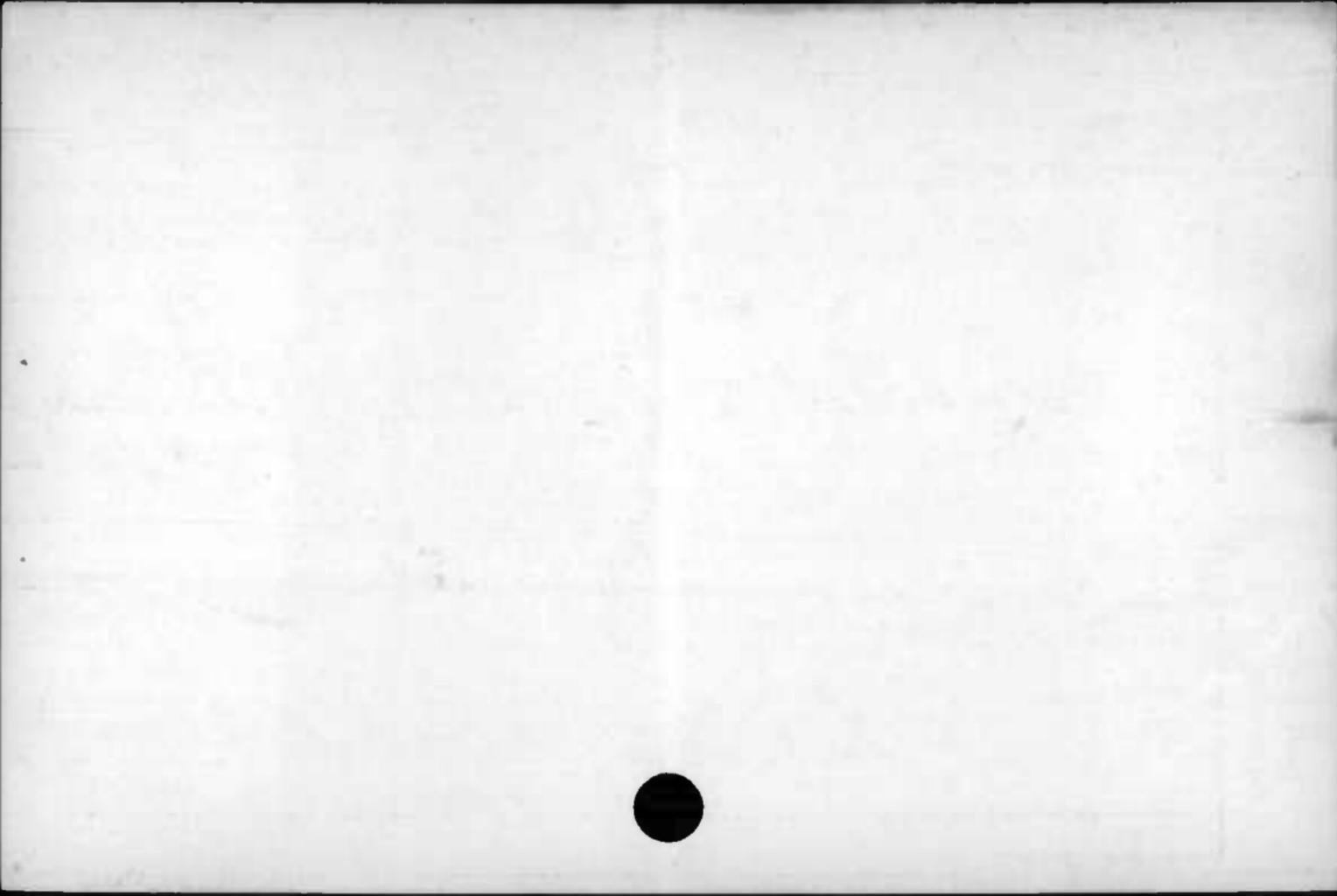
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hampstead</u>		Town <u>Carroll</u>		County <u>MARYLAND</u>	
Date of death <u>1905</u>	Month <u>7</u>	Day <u>18</u>	Years <u>2</u>	Months <u>1</u>	Days <u>26</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Occupation _____			
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name <u>Wm. St. Hawkins</u>	Father's Birthplace <u>Baltimore, Md.</u>				
Mother's Maiden Name <u>Effie Prisby</u>	Mother's Birthplace <u>Carroll, Md.</u>				
Name of person giving information <u>Effie Hawkins</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Cholera Infantum</u>	How long <u>10 days</u>
Immediate <u>Exhaustion</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Edgar M. Bush, M.D.</u>
	Address <u>Hampstead, Md.</u>
Accident or Suicide?	



Name  
in  
Full

Claudius William Hilterbrick

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
1905	Year	Carroll			
Date of death	Month	Day	Years	Months	Days
July	21	Age	2	8	16
Sex	male	Color or Race	white	Birth-place	Carroll Co. Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Single					
Father's Name	Harry D. Hilterbrick				
Mother's Maiden Name	Rena F. Cluts				
Name of person giving information	Harry D. Hilterbrick				
	Father				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cerebro-Spinal Meningitis

How long

7 days

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

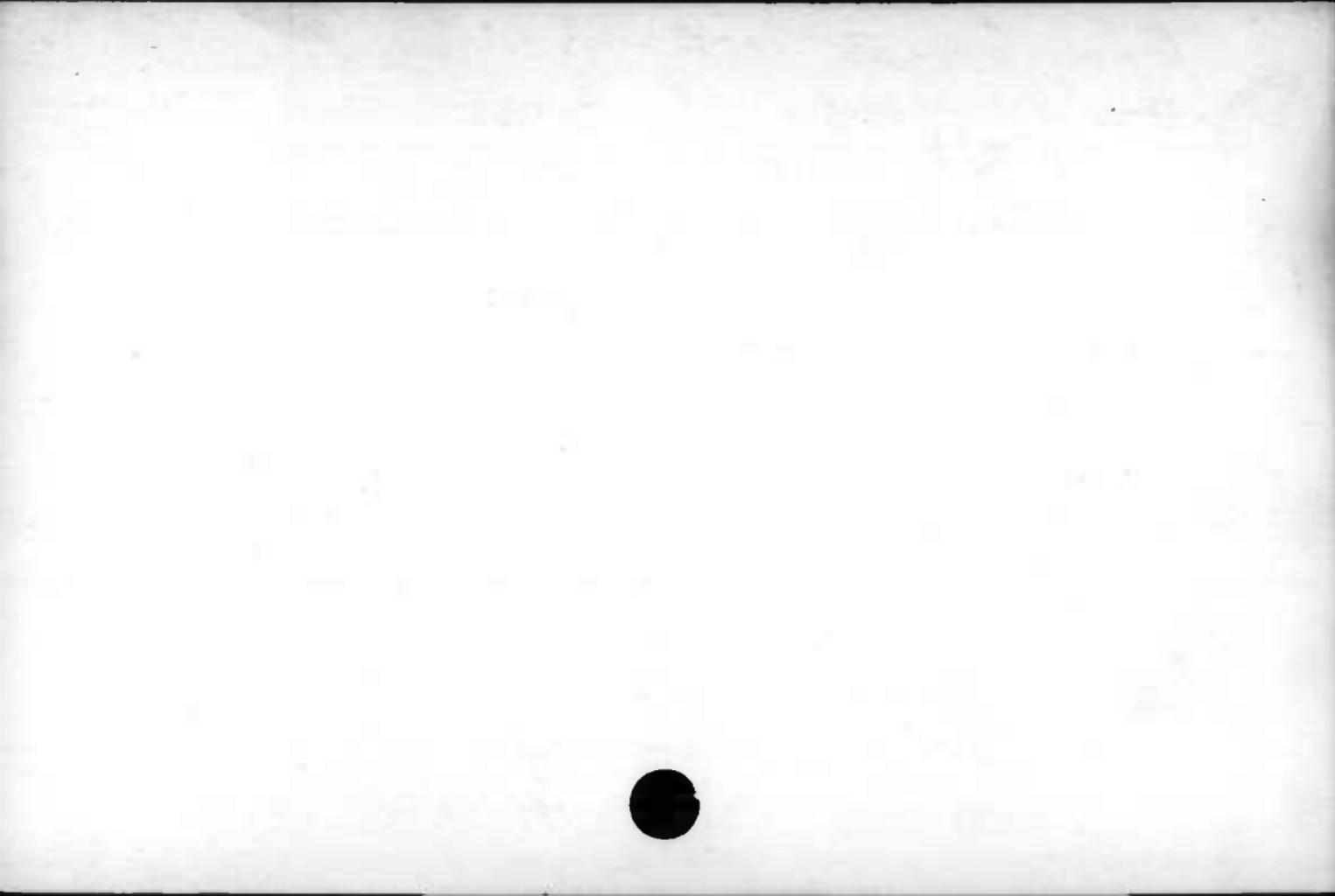
Yes

Signature of Physician

Address

G. H. Seiss, M.D.  
Gauleyton, Md.

Accident or Suicide?



August Hushback

Town Springfield

County

State Hospital

MARYLAND

Died at

1905

Month

Day

Y.

M.

D.

Native of

Md

Occupation

Merchant

Date of death

Male

White

Married

Widow

Divorced

Female

Corded

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Senility

How long sick

Death

Immediate

General debility

Accident, Suicide, Homicide

Reported by

Chas J. Carey M.D.

Address

Sykesville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Mt Pleasant</u>		Town	County <u>Carroll</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>July</u>	Day <u>14</u>	Age <u>—</u>	Years	Months <u>3</u>	Days <u>14</u>
Sex <u>Male</u>	Color or Race <u>white -</u>	Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Edward</u>	Edward Hyle			Father's Birthplace <u>Carroll Co. Md</u>		
Mother's Maiden Name <u>Mary Hesson</u>				Mother's Birthplace <u>„ „ „</u>		
Name of person giving Information <u>Edward Hyle</u>				How related to deceased <u>Father</u>		

CAUSES OF DEATH

Primary <u>Acute Gastric Enteric Intoxication</u>	How long <u>41</u>
Immediate <u>▼ Laryngeal spasm</u>	How long <u>10 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Joseph T. Hising</u>
	Address <u>105 N. Main Street</u>
Accident or Suicide?	

St Benjamins Cemetery.

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Frederick</u>		Town <u>Carroll</u> County	MARYLAND		
Date of death <u>1905</u>	Month <u>July</u>	Day <u>24</u>	Years <u>90</u>	Months <u>1</u>	Days <u>5</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Hanover P.A.</u>			
Occupation <u>+ </u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Abraham Lamotte</u>	Father's Birthplace <u>P.A.</u>				
Mother's Maiden Name <u>Mary C. Trumbo</u>	Mother's Birthplace <u>Westminster</u>				
Name of person giving information <u>Mary C. Bush</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Old age

154

How long

98 days

Immediate

" "

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

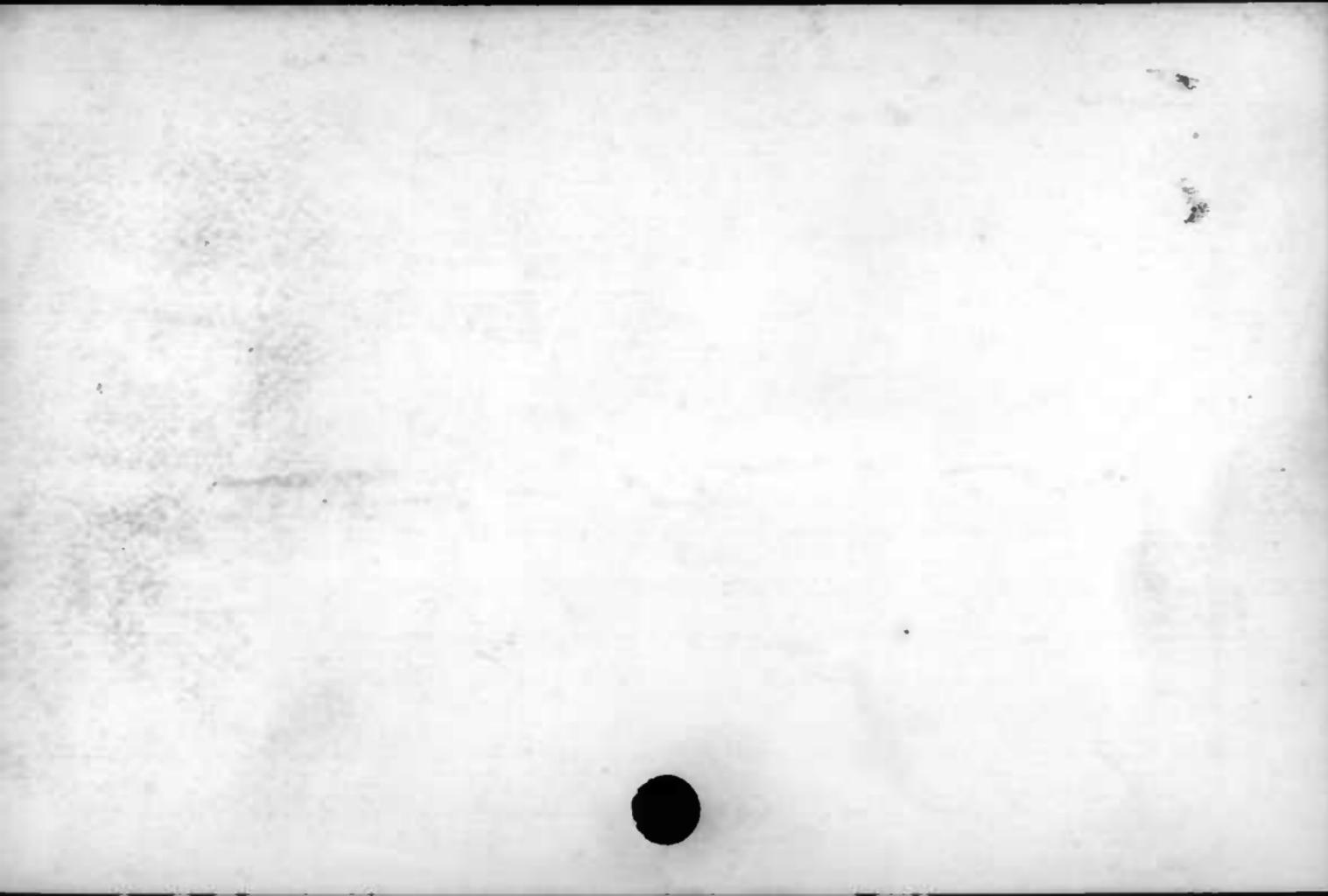
Signature of Physician

Dr S. M. Grossman

Address

Gardiner  
Mo

Accident or Suicide?



Name  
in  
Full

Joshua McCarty

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	57	6	7	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Tobias McCarty					
Mother's Maiden Name	Dant Knoy					
Name of person giving information	John McCarty					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis		How long
Immediate	4	11	Several months
Are the name, age, sex, color, date and place correctly given above?	Yes		How long
	P. Woodward		
	J. H. Stinson		
Address			
Accident or Suicide?	No		

5 Corin

52 John  
/

Name  
in  
Full

Maggie McCarley -

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1905	July	6	Age	10	10	
Sex	Female	Color or Race	White	Birth-place	Westminister	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	William J. McCarley					
Mother's Maiden Name	Minnie Kelley					
Name of person giving information	John W. McCarley					
CAUSES OF DEATH						

Primary

Marasmus.

6

How long

Don't know.

Immediate

Measles - 3-days.  
Marasmus. - Card. Failure.

How long

3 min.

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

YES.

Signature of Physician

Address

Jos. J. Hering -  
Westminister.  
Md.

Accident or Suicide?

St. John's Catholic cemetery  
Stones.

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Verlie Viola Martin

CERTIFICATE OF DEATH

Died at <u>Union Bridge</u>		County <u>carroll</u>		MARYLAND		
Date of death <u>1905</u>	Month <u>7</u>	Day <u>25</u>	Years <u>  </u>	Months <u>9</u>	Days <u>28</u>	
Sex <u>Female</u>	Color or Race <u>White</u>			Birthplace <u>Union Bridge</u>		
Occupation <u>  </u>			Where Residing if not at place of death <u>  </u>			
Married, Single or Widowed <u>  </u>		Name of Wife or Husband <u>  </u>				
Father's Name <u>Chas. T Martin</u>				Father's Birthplace <u>carroll Co.</u>		
Mother's Maiden Name <u>Sadie E. Hall</u>				Mother's Birthplace <u>carroll Co.</u>		
Name of person giving Information <u>H. Umbrian Brown</u>				How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Strab PS How long

Immediate Cholera Infantum 2 da. How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

H. Umbrian Brown

Address

Union Bridge

Accident or Suicide?

Mount Verna

Mary Catherine Miles

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town Westminster	County carroll	MARYLAND		
Date of death	Month July	Day 12	Years 5-3	Months	Days
Sex Female	Color or Race Colored	Birth- place Carroll Co. Md			
Occupation Housekeeper	Where Residing if not at place of death Baltimore City				
Married, Single or Widowed Married	Name of Wife or Husband Editha Miles	Father's Birthplace Carroll Co. Md			
Father's Name Late Sydes	Mother's Birthplace				
Mother's Maiden Name Matilda Brown	How related to deceased Sister				
Name of person giving Information Anna. M. Brown					

## CAUSES OF DEATH

Primary	Cirrhosis of Liver and Nephritis		How long about 1 year
Immediate	Heart Failure		How long One hour
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Chas. R. Doty M.D	Address Westminster Md.
Accident or Suicide?			



Name  
in  
Full

Ralph Caples Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
of death 1905	July	29	Age	5-1
Sex	Color or Race	white	Birth-place	Md.
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Single Bradley C. Miller			
Mother's Maiden Name	Mary E. Elgin			
Name of person giving information	Bradley C. Miller			

CAUSES OF DEATH

Primary	Cholera Infantum	
Immediate	Exhaustion	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?	Chas. R. Stout M.D. Westminster Md.	

St Benjamin's  
Stour.

Name  
in  
Full

Mary E. Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town		County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
Sex	Female		Color or Race	White		Birth-place	Fred. Co. Md.
Occupation	Housewife		Where Residing if not at place of death		Weldon, Md.		
Married, Single or Widowed	Widow		Name of Wife or Husband				
Father's Name	Peter Long, deceased		Father's Birthplace		Pa.		
Mother's Maiden Name	Sally Painter, deceased		Mother's Birthplace		Md.		
Name of person giving information	Thomas Moore,		How related to deceased		Son,		

CAUSES OF DEATH

Primary

Indigestion

14

How long

3 months

Immediate

Billous Dysentery

7 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

E D Cerone

Address

Wenfield

Accident or Suicide?

1



Name  
in  
Full

Miss Lydia Anna Murray

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months Days
Sex	Color or Race	Birth-place	Pennsylvania		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	David Murray		Father's Birthplace	Md	
Mother's Maiden Name	Mrs Massey Phillips		Mother's Birthplace	Pa.	
Name of person giving information	Miss Mary J Lewis		How related to deceased	2nd Cousin	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Arterio-Sclerotic Complicated  
~~Failure of heart~~ by exanthem

How long

20 years

Immediate

Failure of nervous system

How long

6 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Daniel B. Sprecher

Address

Sykesville  
Md

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

<b>Joseph Neal</b>				<b>CERTIFICATE OF DEATH</b>			
Died at <b>Gait</b>		County <b>Carroll</b>		MARYLAND			
Date of death <b>1905</b>	Month <b>July</b>	Day <b>22</b>	Age <b>—</b>	Months <b>10</b>	Days <b>—</b>		
Sex <b>M</b>	Color or Race <b>white</b>	Occupation <b>—</b>		Where Residing if not at place of death <b>—</b>			
Married, Single <b>Widow</b>	Name of Wife or Husband <b>—</b>						
Father's Name <b>Elmos Neal</b>			Father's Birthplace <b>Md</b>				
Mother's Maiden Name <b>Helena Stouffer</b>			Mother's Birthplace <b>Md</b>				
Name of person giving information <b>Frank Stouffer</b>			How related to deceased <b>Uncle</b>				

**CAUSES OF DEATH**

Primary

**Intestinal Catarrh**

How long

**2 days**

Immediate

**Convulsions**

How long

**2 hours**

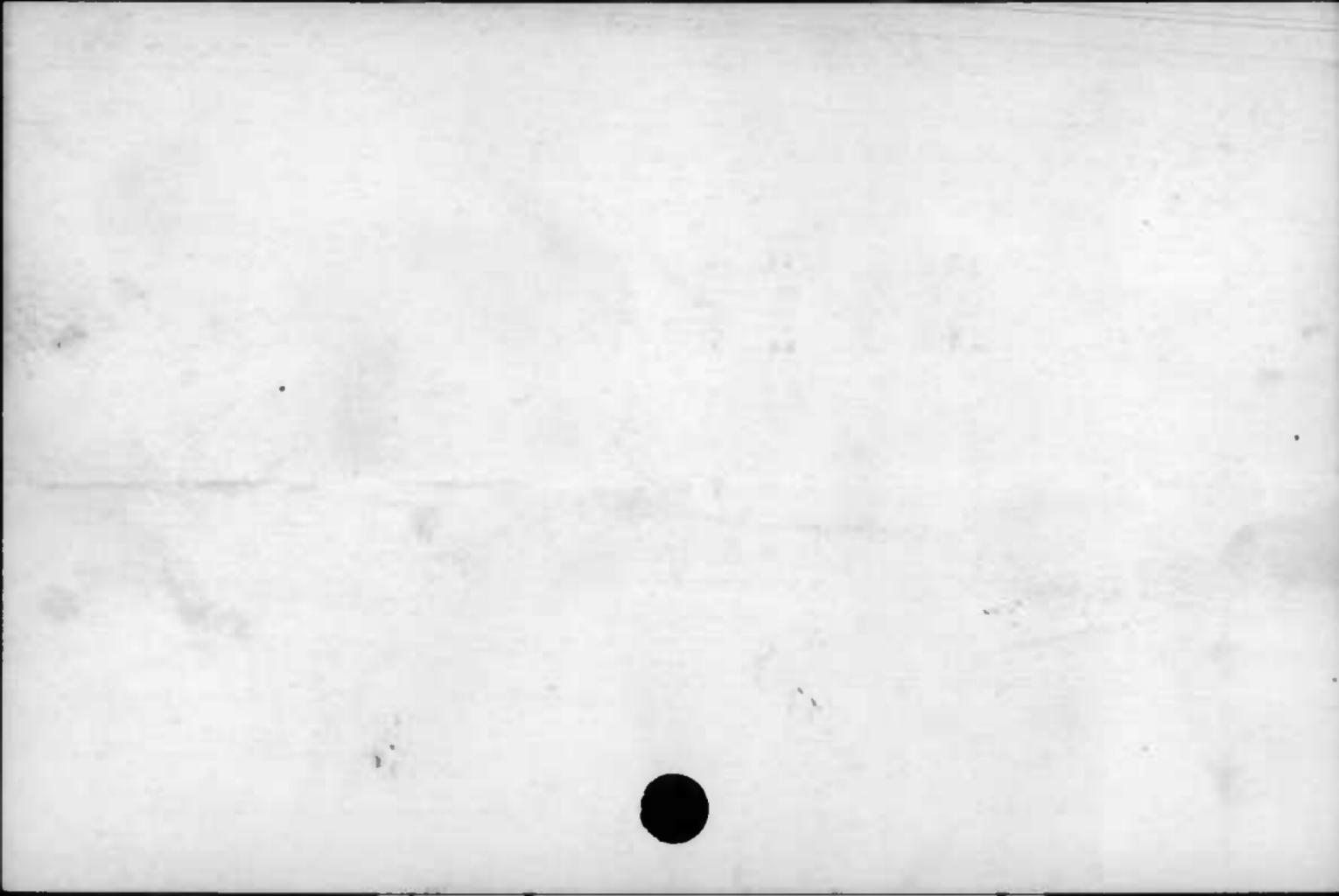
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

**Dr. L. W. Gough  
Gardiner  
Md**

Accident or Suicide?



Name  
in  
Full

John H. Parish

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
near Winfield,		Carroll					
Date of death	Month	Day	Years	Age	Months	Days	
1905	7	13	79	79	3	25	
Sex	Male	Color or Race	White		Birth-place	Carroll Co.	
Occupation	Farming		Where Residing if not at place of death		Carroll Co.		
Married, Single or Widowed	Widow		Name of Wife or Husband				
Father's Name	Moses Parish		(106)		Father's Birthplace	Carroll Co.	
Mother's Maiden Name	Hannah Shipley				Mother's Birthplace	Carroll Co.	
Name of person giving information	Leonard Parish				How related to deceased	Son,	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Billious Diarrhea		(106)	How long	1 week
Immediate	Billious Diarrhea		(106)	How long	1 week
Are the name, age, sex, color, date and place correctly given above?			yes	Signature of Physician	E. Deenby
				Address	Winfield
Accident or Suicide?					

Bethesda

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

<i>Zebedee Parker</i>				CERTIFICATE OF DEATH			
Died at <i>Oakhurst</i>		Town		County <i>Carroll</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>18</i>		Age <i>64</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>white</i>					Birth-place <i>Baltimore, Md.</i>	
Occupation <i>Carpenter</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sarah E Parker</i>						
Father's Name <i>Zebedee Parker</i>	Father's Birthplace						
Mother's Maiden Name <i>Susanna Tillman</i>	Mother's Birthplace						
Name of person giving Information <i>Sarah E Parker</i>	How related to deceased <i>wife</i>						

CAUSES OF DEATH

Primary

*Acres Live 114 Woodman*

How long

Immediate

*Septic Abscess*

How long

Are the name, age, sex, color, date and place correctly given above?

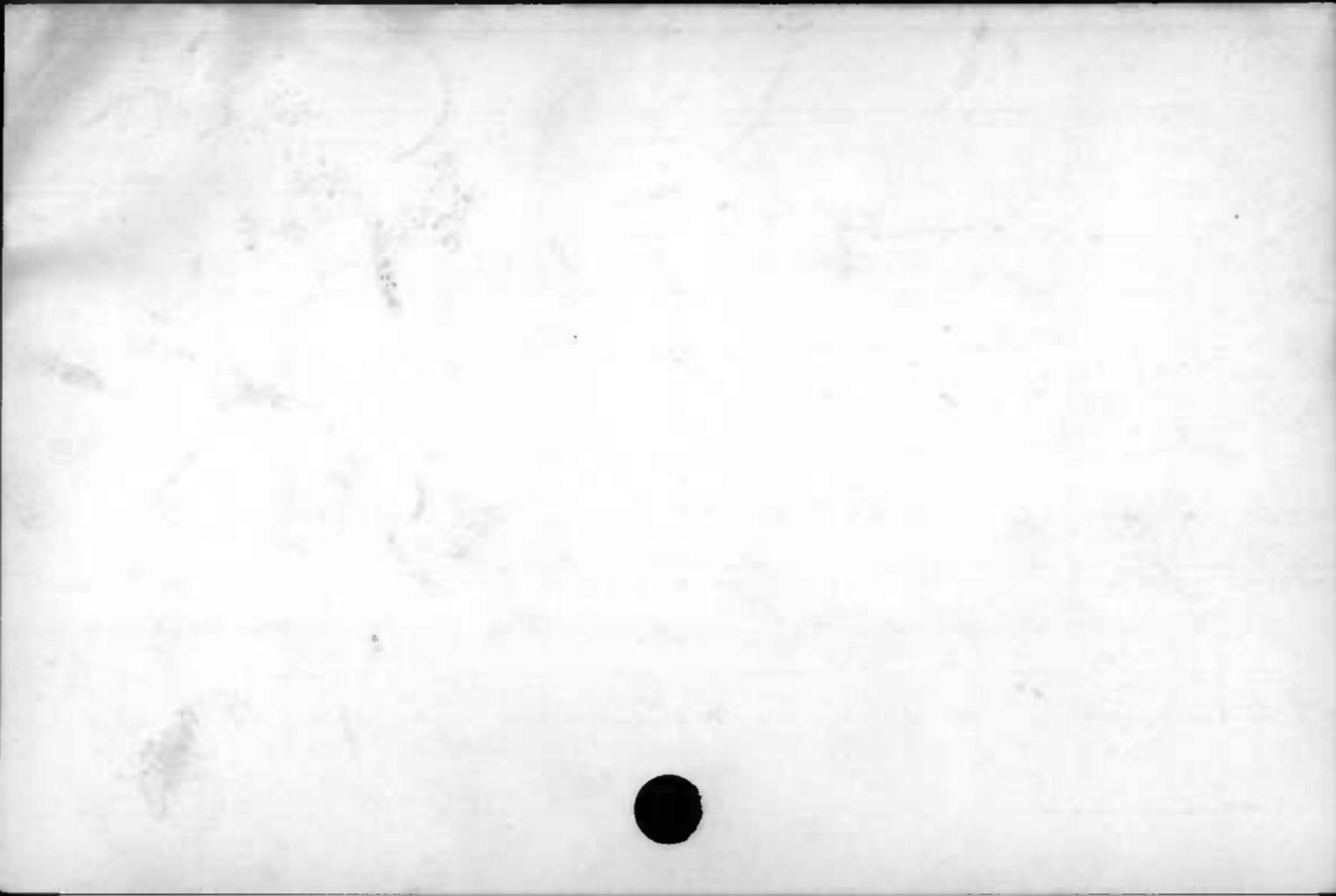
Signature of Physician

Address

*Wm. Dr. Ward, M.D.*

*Francisville Md.*

Accident or Suicide?



Name  
in  
Full

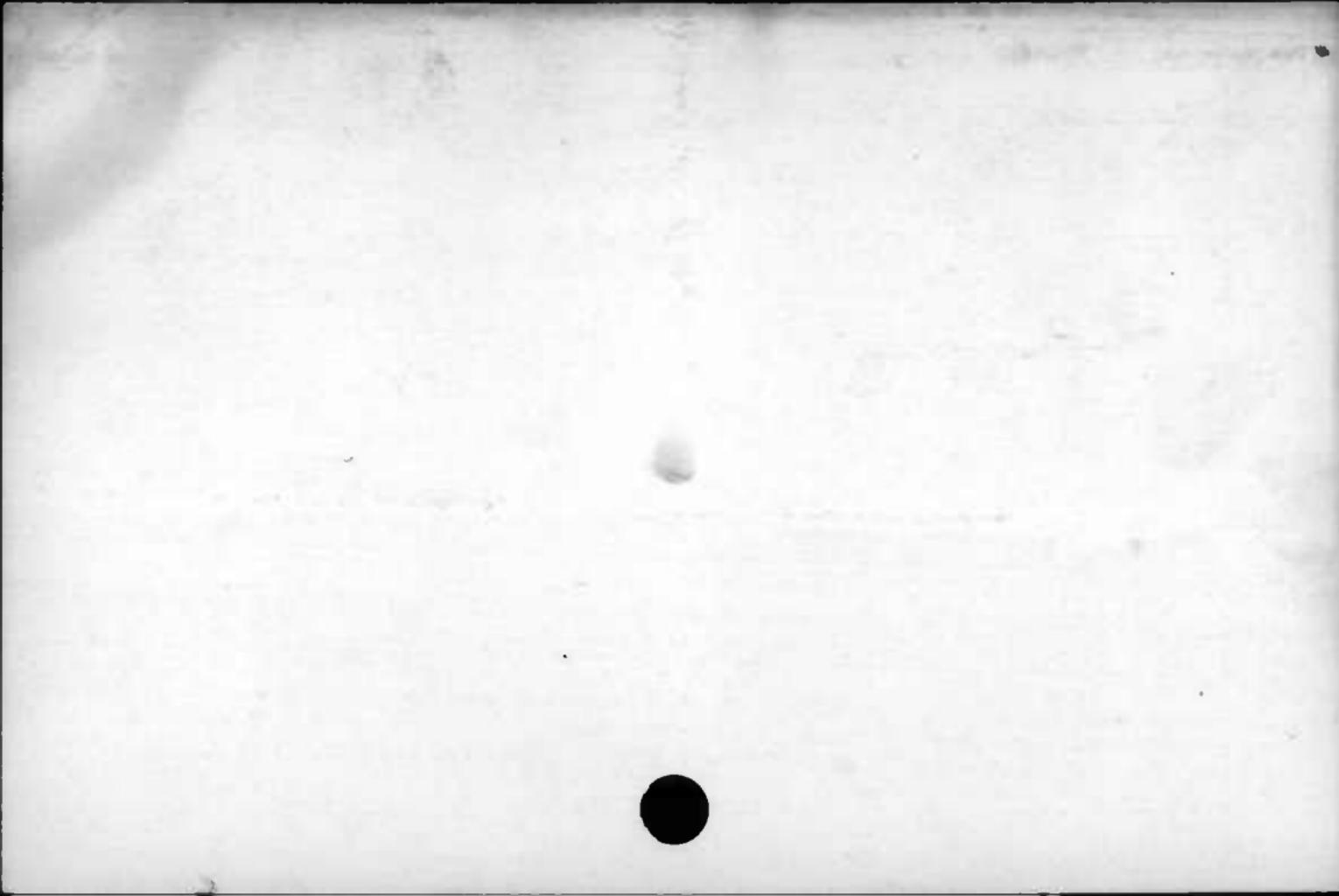
Phoenix, Charles Edwin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
1905	Month	Age	Years	Months	Days
Sex	Color or Race	68	Birth- place	Md -	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John Phoenix				
Mother's Maiden Name	Catherine Elizabeth Ellis				
Name of person giving Information	John W. Phoenix				
CAUSES OF DEATH					
Primary	Arturid Sderovir				
Immediate	Urinary				
Are the name, age, sex, color, date and place correctly given above?			yes	Signature of Physician	W. Frank Lucas M.D.
			Address	Sykesville, Md -	
Accident or Suicide?			✓		

PHYSICIAN  
OR CORONER



Name  
in  
Full

Catherine E. Pickett.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White	Birth-place	Carroll Co.,	
Occupation	Housewife					Where Residing if not at place of death
Married, Single or Widowed	Widowed	Name of Wife or Husband	Winfield, Md.			
Father's Name	Richard F. Williams deceased					Father's Birthplace
Mother's Maiden Name	Sarah E. Luscombe					Mother's Birthplace
Name of person giving information	Chas. S. Pickett					How related to deceased

CAUSES OF DEATH

Primary

Phthisis Pulmonalis

How long

4 yrs.

2V

How long

"

Immediate

" ..

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

20 Broad  
Winfield Md.

Accident or Suicide?

Ebenezer

Name  
in  
Full

Orval S. Pickett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

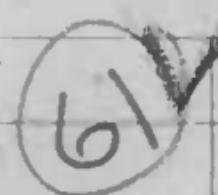
Died at	Town	County	MARYLAND		
Date of death 1905	Month 7	Day 14	Age	Years	Months 6
Sex Male	Color or Race White	Birth-place near Daniel	5	Days	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Elwin Pickett	Father's Birthplace Carroll Co.				
Mother's Maiden Name Carrie Penn	Mother's Birthplace Carroll Co.				
Name of person giving information Elwin Pickett	How related to deceased Father				

CAUSES OF DEATH

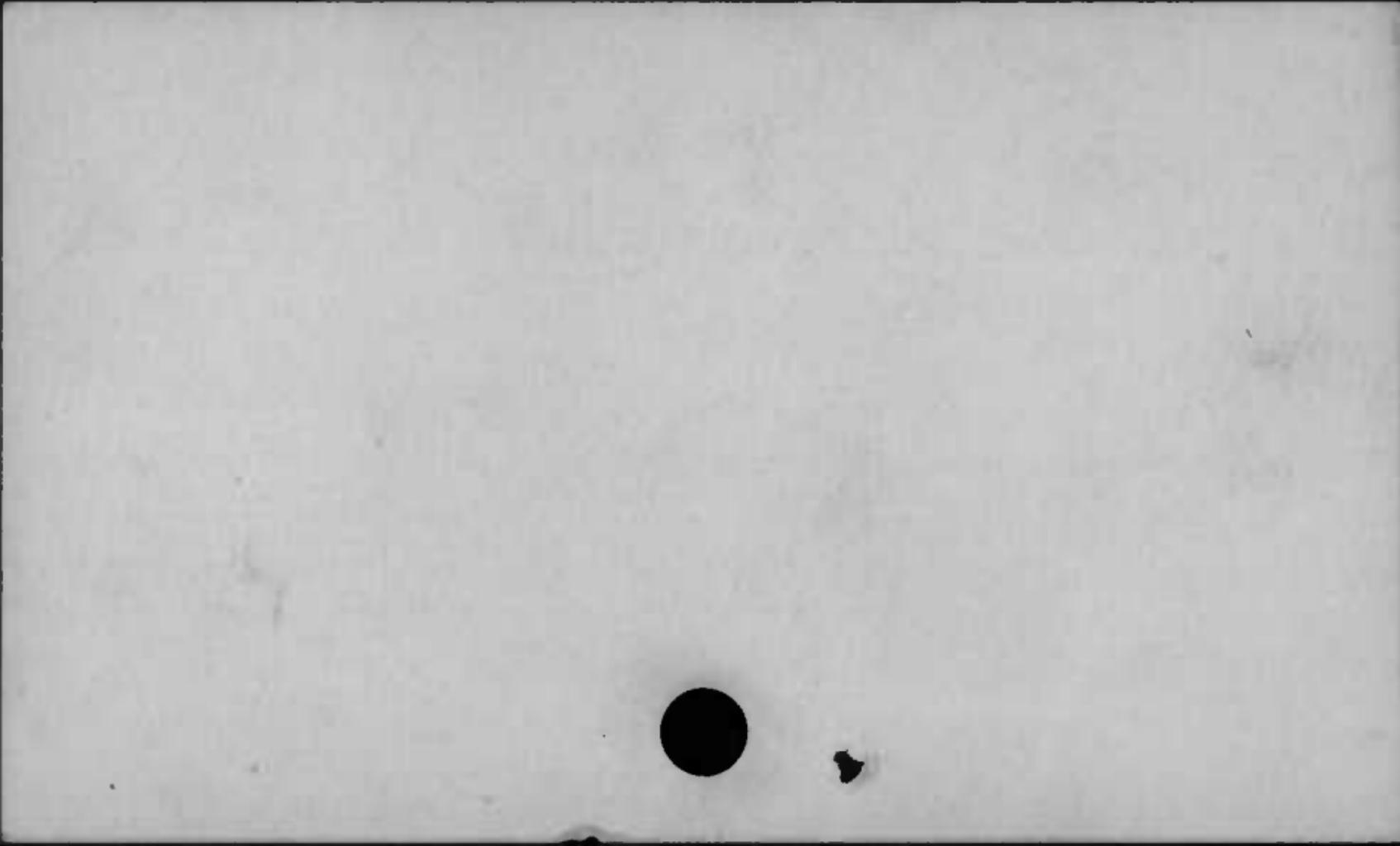
PHYSICIAN  
OR CORONER

Primary	Cholera infantum		How long 1 day
Immediate	"	"	How long 105
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician Address	ED. Courtney Levifield Md.
Accident or Suicide?			

Bettie

<i>James A. Rice</i> <small>Town</small> Springfield Hospital <small>County</small> Carroll Co.						MARYLAND		
						Died at	Month	Day
Date 1905	7	30	Age 46				Md	Sailor
Male	White	Married		Widow	Divorced			
Female	Chebeld	Single		Widower	Number of children living			
Husband of								
Wife								
Father's Name					Mother's Maiden Name			
Cause of Death	Primary	<i>Acute Meningitis</i> 				How long sick		<i>5 days</i>
	Immediate	<i>Exhaustion</i> 						Accident, Suicide, Homicide
Reported by	<i>Chas J. Carey M.D.</i> 							
Address	<i>Sykesville Md.</i> 							

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

John Lawrence Reifsneider

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	68	8	28	
Occupation	Where Residing if not at place of death		✓			
Married, Single or Widowed	Name of Wife or Husband	Mary Anna Shriver				
Father's Name	Jesse Reifsneider		Father's Birthplace	Maryland		
Mother's Maiden Name	Apalonia Zacharias		Mother's Birthplace	Maryland		
Name of person giving information	John Milton Reifsneider		How related to deceased	Son		

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Hypocarditis

How long

1 year

Immediate

Stracnia

How long

18 days

Are the name, age, sex, color, date and place correctly given above?

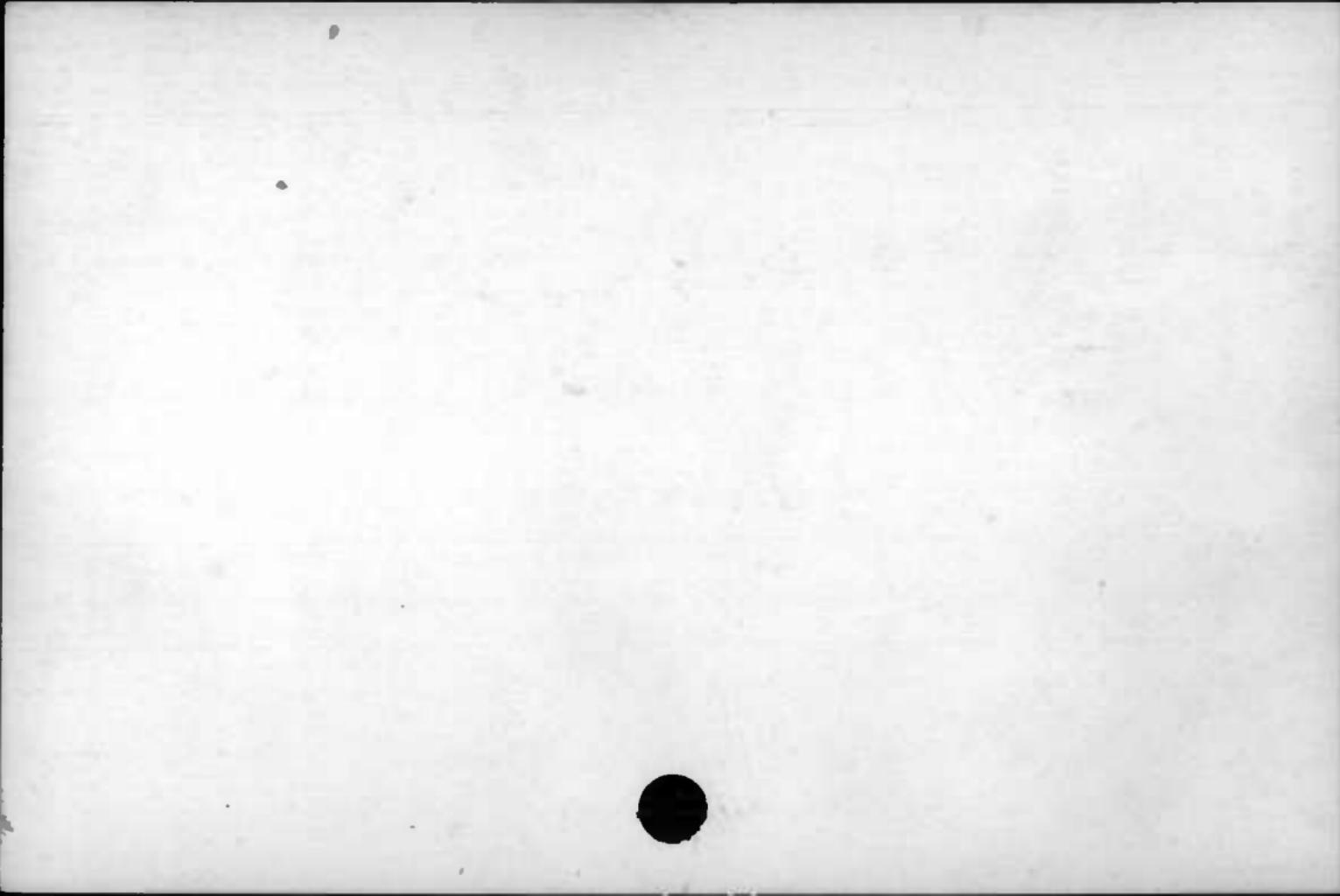
Yes

Signature of Physician

Address

✓  
Jos. J. Herling  
Westminster  
Md.

Accident or Suicide?



Name  
in  
Full

"Baby" Ricker

CERTIFICATE OF DEATH

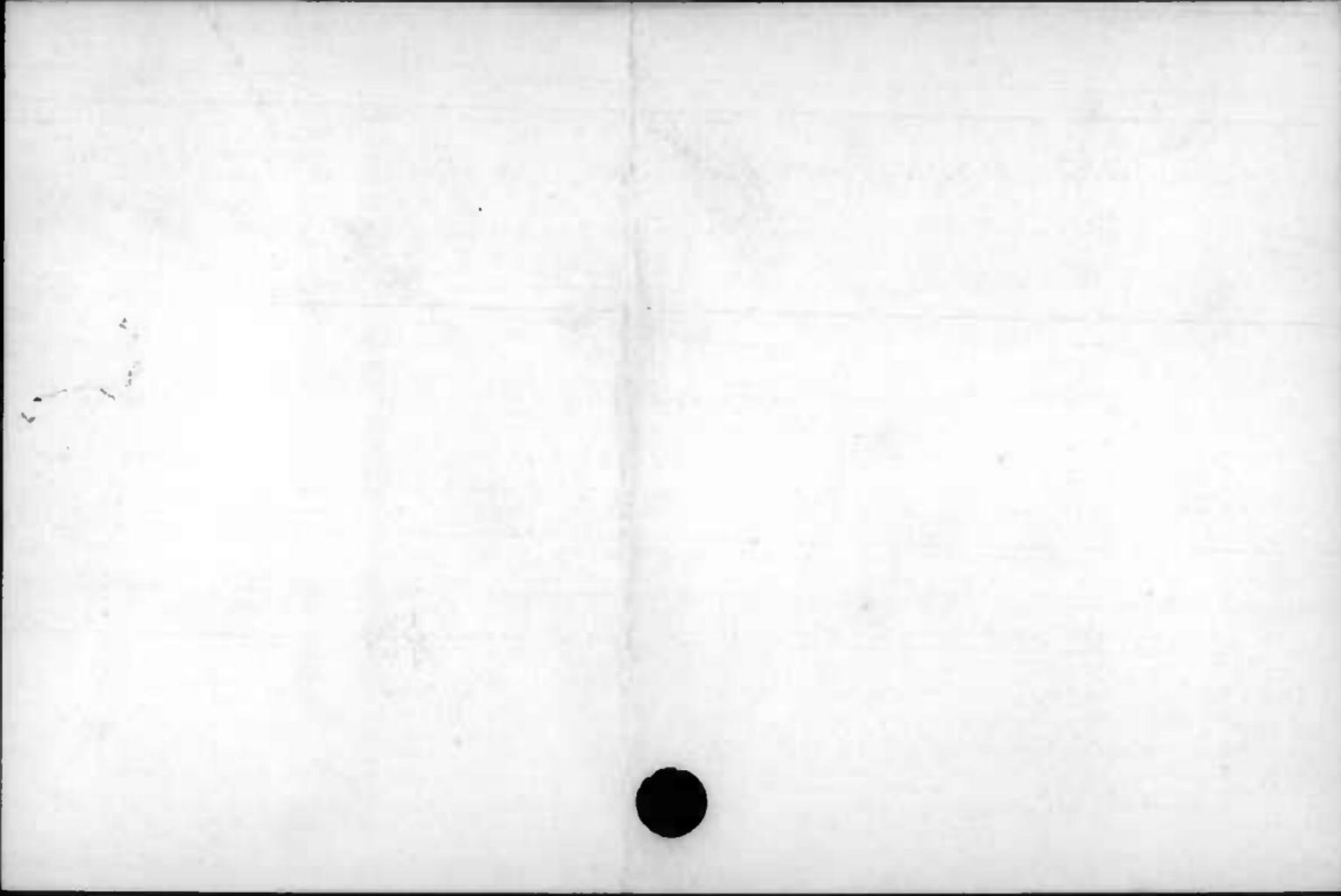
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Malnutrition		How long
Immediate	Exhaustion (Heart)		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Wall B. Platt
		Address	802 Cathedral St Baltimore
Accident or Suicide?	✓		



Name  
in  
Full

Amie Le Ripperton

CERTIFICATE OF DEATH

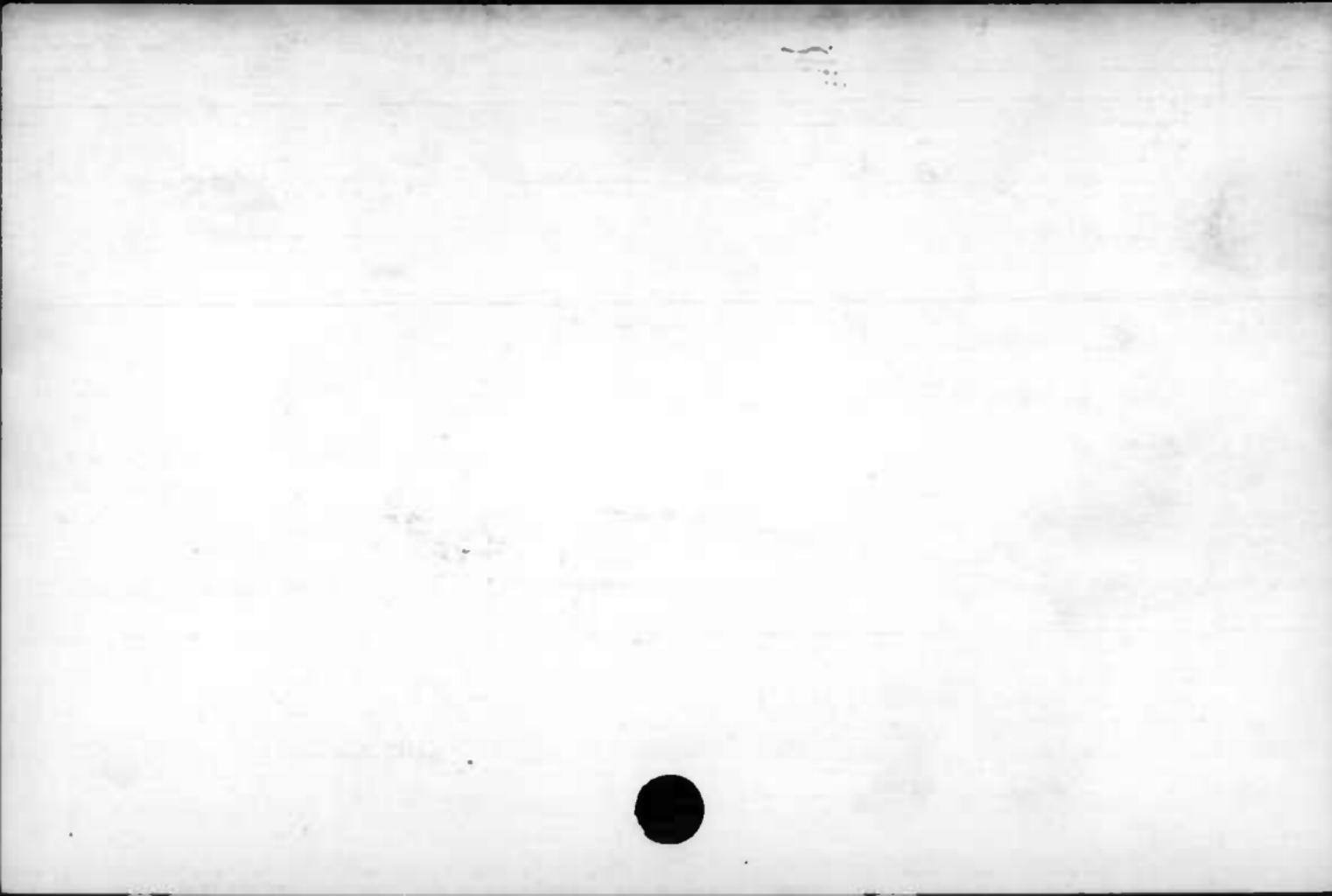
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	Birth-place	
Occupation	House Wife	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Geo. W. Ripperton		
Father's Name	Adam Brown	Father's Birthplace		Ind	
Mother's Maiden Name	Rebecca Evans	Mother's Birthplace		Md	
Name of person giving information	John Brown	How related to deceased		Ind	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Intestinal Obstruction	✓	How long	8 day
Immediate		108	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	A. T. Brooks	
		Address	Marshall Ind.	
Accident or Suicide?	✓			



Name  
in  
Full

J. W. Shuff

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		Palatisco	carroll			
Date of death	1905	Month	Day	Years	Months	Days
Sex	Male	Color or Race	white	Age	35	
Occupation	R.R. Employee					Where Residing if not at place of death
Married, Single or Widowed	Married	Name of Wife or Husband	Four Rivers			
Father's Name	Walter R. Knud					Father's Birthplace
Mother's Maiden Name	" "					Mother's Birthplace
Name of person giving information	E. J. Wade					How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	R.R. Accident	How long
Immediate	Shock	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Accident

Chas. R. Foutz, M.D.  
Physician  
Treatment  
M.D.

Slowly enough is

Name  
in  
Full

John Thomas Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Ridgville	Carroll			
Date of death	Month	Day	Years	Months	Days
1905	July	1 <sup>st</sup>	Age 76	10	23
Sex	Male	Color or Race	white American	Birth-place	Montgomery Co Maryland
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Mary E. Smith		
Father's Name	Henry Smiths				
Mother's Maiden Name	Nellie Maxley				
Name of person giving information	Wes. Mary E. Smith				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Complications of Diseases

How long 6 Months

Immediate Aethenia

How long 30 days

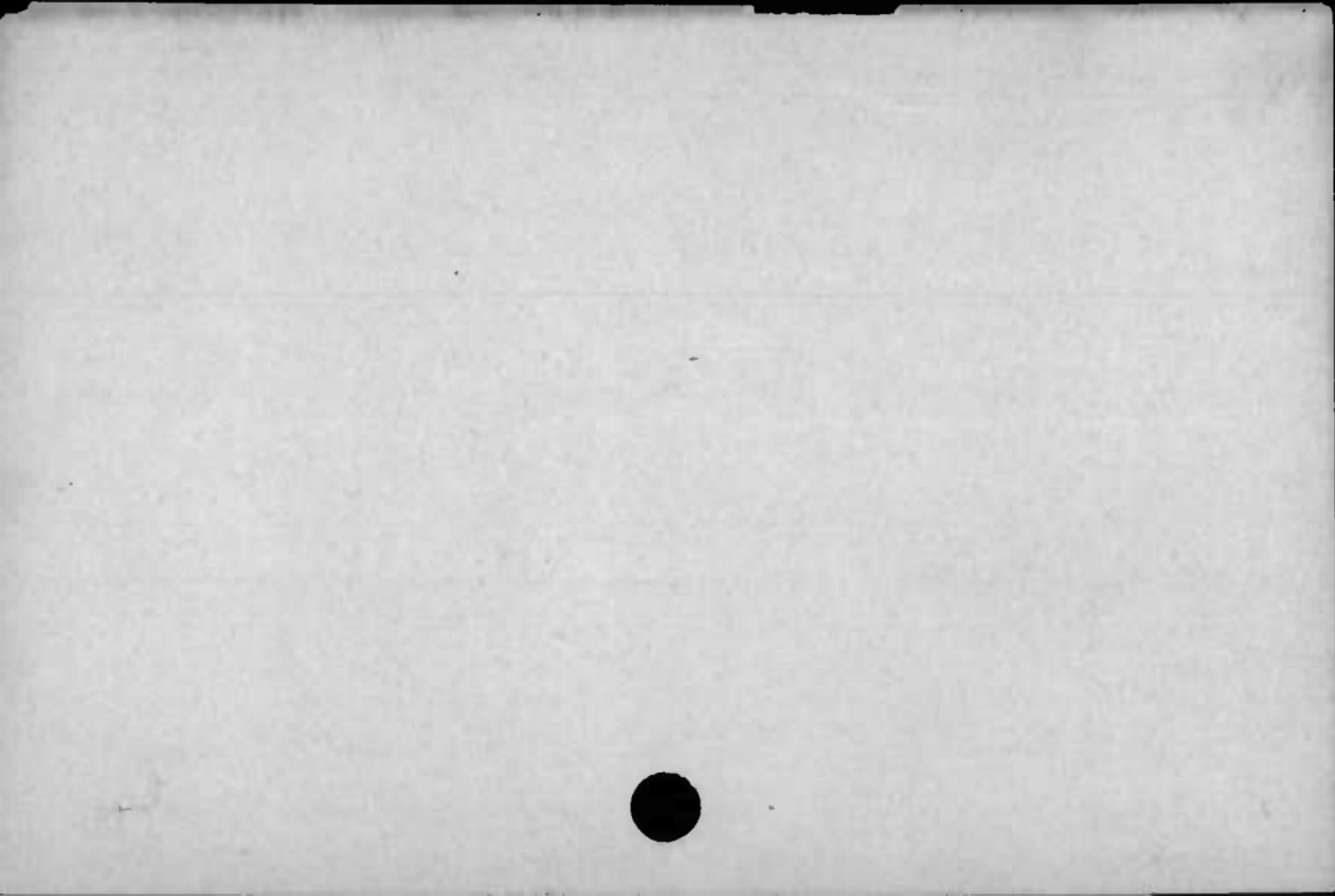
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

J. E. Bromwell  
Mt. Airy, Maryland

Accident or Suicide?



Name  
in  
Full

Lucy Ann Starner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
1906	July	25	18	2 18
Sex	Female	Color or Race	White	Birth-place
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband		
Father's Name	Mrs. Young			Father's Birthplace
Mother's Maiden Name	Isaac Brown			Mother's Birthplace
Name of person giving information	Alice Starner			
How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

General Debility

154  
How long

3 mos

Immediate

Neuralgia Heart

How long

Are the name, age, sex, color, date and place correctly given above?

Y

Signature of Physician

Address

Chas R. Foutz M.D.  
Westminister  
Md.

Accident or Suicide?

Pleasant Valley  
Stones

Name  
in  
Full

Susan M. Streng

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	190	Month July	Day 27	Years —	Months 10	Days 3	
Sex	Female	Color or Race	White	Birth-place	Md.		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Hans Streng		Md.				
Mother's Maiden Name	Della Byers		Md.				
Name of person giving information	Ed. F. Groft						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cholera Infection

How long

2 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

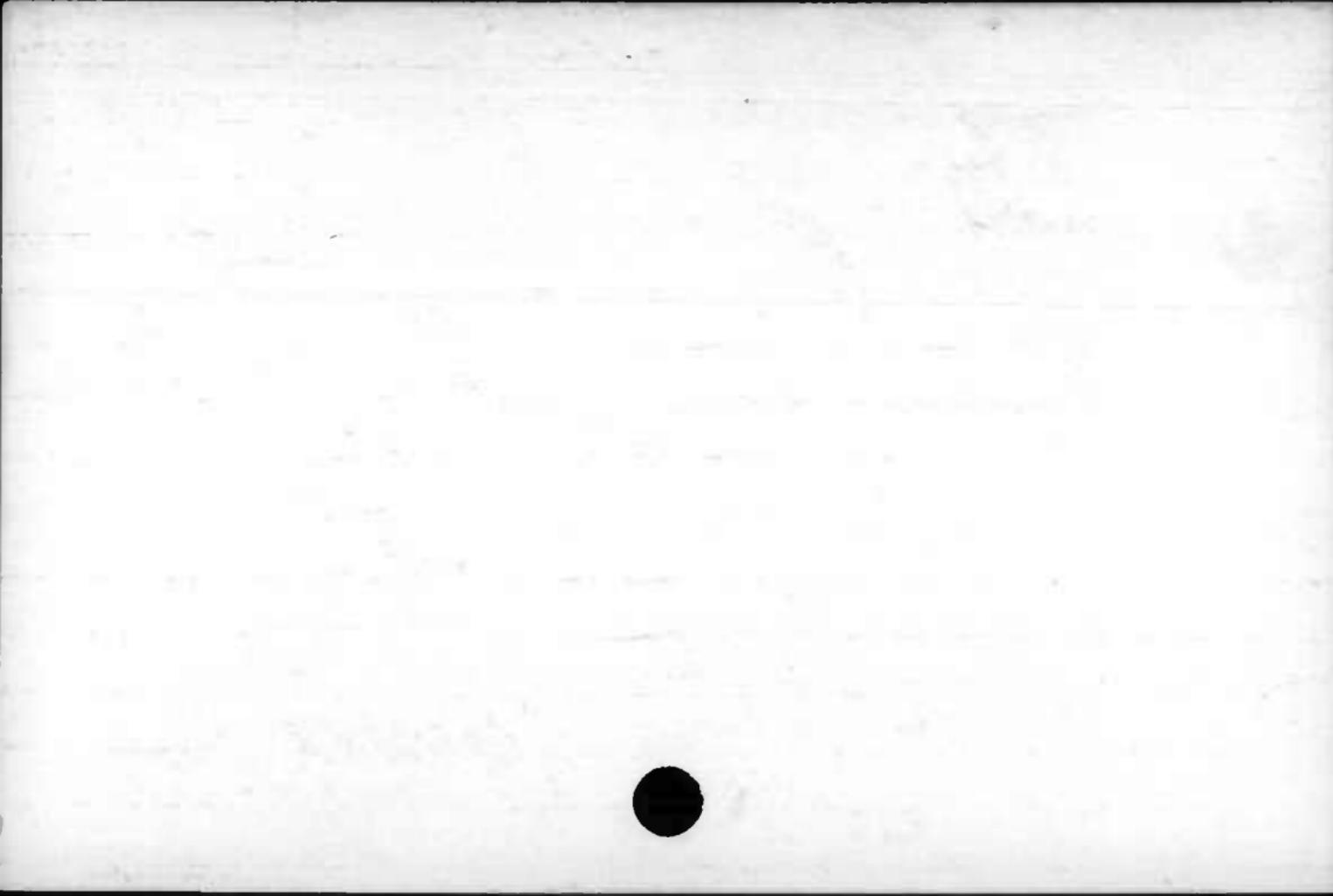
yes

Signature of Physician

Address

Edward F. Groft  
undertaker

Accident or Suicide?



Thelma Mildred Bond

Town

County

Died at

Greenmount

Carroll

MARYLAND

Date 1905

Month July

Day 29

Y.

M.

D.

Native of

Occupation

Male

White

Age

5-87

Widow

Divorced

Female

Colored

Married  
Single

Widower

Number of children living

Husband  
of

Wife

Father's  
Name

John Bond

Mother's  
Name

Cara J. Kepel

Cause of

Primary

Cholera Infantum

How long sick

6 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

J H Sherman M.D.

Address

Glendale

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Sarah E. Walker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Carroll	County	MARYLAND	
Date of death 1908	Month July	Day 18	Years 56	Months	Days
Sex Female	Color or Race Black	Birth-place Linwood			
Married, Single or Widowed	Occupation Cook				
Name of Wife or Husband	Theodore Walker				
Father's Name	Thomas Dunstan -			Father's Birthplace	Linwood
Mother's Maiden Name	Delphine Dunstan -			Mother's Birthplace	
Name of person giving information	Joseph Haines				
How related to deceased Employee					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

68

How long

Immediate

Aphthous

How long Few moments

Are the name, age, sex, color, date and place correctly given above?

Yes

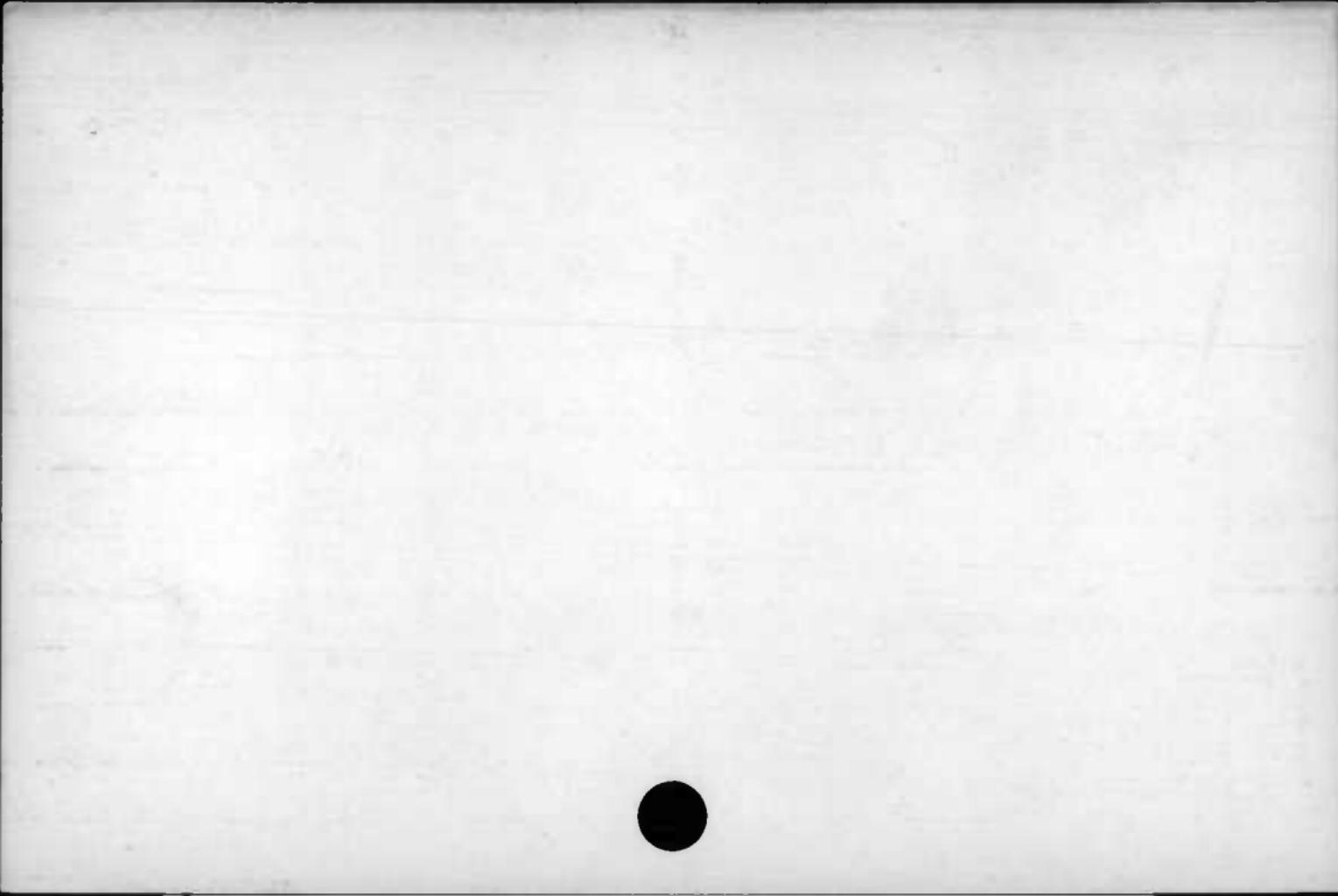
Signature of Physician

Address

Gleason -

New Windsor

Accident or Suicide?



Name  
in  
Full

Mary J. Wally

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Winfield Md.

County

Carroll

MARYLAND

Date  
of death

1905

Month

7

Day

25

Years

46

Months

11

Days

29

Sex

Female

Color or  
Race

white

Birth-  
place

Fredrik Co

Occupation

House wife

Where Residing if not  
at place of death

Winfield

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

J. Preston Wally

Father's  
Name

Jeromiah Reek

Father's  
Birthplace

Penna

Mother's  
Maiden Name

Barbara Yingling

Mother's  
Birthplace

Carroll Co Md.

Name of person giving  
Information

Clifford W. Wally

How related  
to deceased

Son

CAUSES OF DEATH

Primary

Intestinal obstruction

How long

4 days

Immediate

Peritonitis

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

E. D. Grant

Address

Winfield Md.

Accident or Suicide?

Bethel

Name  
in  
Full

Saranda B. Warehime

CERTIFICATE OF DEATH

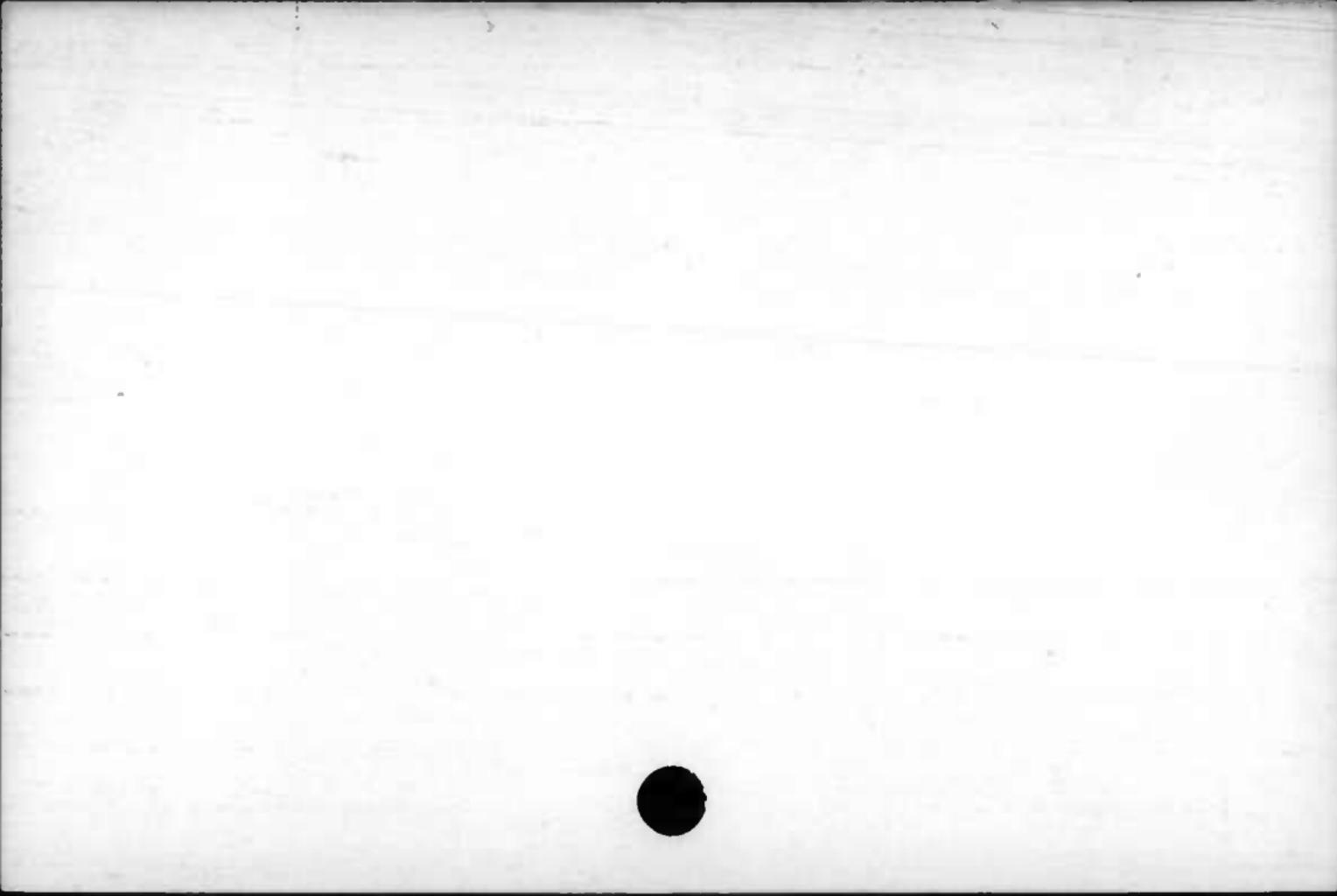
To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town		County			
	Deep Run		Carroll		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
190	July	9	75	11	28	
Sex	Color or Race					
Female	White				Md -	
Occupation	Where Residing if not at place of death					with Pms City
Married, Single or Widowed	Name of Wife or Husband		Thomas Warehime			
Father's Name	S. Yingling		Father's Birthplace		Md -	
Mother's Maiden Name			Mother's Birthplace		—	
Name of person giving information	Pms City		How related to deceased		Son in law.	

CAUSES OF DEATH

Primary	Nephritis		How long	6 mo -
Immediate	Old age		How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. Ghal. A. Keag.	
		Address	Deep Run, Md	
Accident or Suicide?				



Name  
in  
Full

William Henry Wiecking

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age	Birth-place	Washington D.C.	
Occupation	Where Residing if not at place of death					Baltimore, Md.
Married, Single or Widowed	single	Name of Wife or Husband				
Father's Name	Henry S. Wiecking			Father's Birthplace	Germany	
Mother's Maiden Name	Lotti M. Giesecke			Mother's Birthplace	Washington D.C.	
Name of person giving Information	Mrs. Lizzie A. Swank,			How related to deceased	Friend	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis		How long
Immediate	Exhaustion		3 mos.
Are the name, age, sex, color, race and place correctly given above?	yes	Signature of Physician	Chas. R. Fauch, M.D.
		Address	Westminster Md.
Accident or Suicide?			

Washington D.C.

Stones

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Susan Williams

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of <del>Husband</del> Husband	Beyers Williams			
Father's Name	Francis Brothers			Father's Birthplace	Maryland
Mother's Maiden Name	Mary Beaver			Mother's Birthplace	do
Name of person giving information	Ellissa Williams			How related to deceased	Daughter

CAUSES OF DEATH

Primary	Abscess of Liver.		114	How long	2 months.
Immediate	Septicemia.			How long	3 days.
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	Jos. J. Herring.		
		Address	Preston Street Md.		
Accident or Suicide?					

Leiden University

Name  
in  
Full

Albert Wolstein

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
of death 1905	Month	Day	Years	Months	Days
Sex	Color or Race	Age	2 months	—	—
Married, Single or Widowed	Occupation		—		
Name of Wife or Husband	—				
Father's Name	—				
Mother's Maiden Name	—				
Name of person giving Information	Henry P. Parker				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Malnutrition	5	How long	2 mos —
Immediate	Exhaustion	6	How long	6 hrs —

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Henry P. Parker

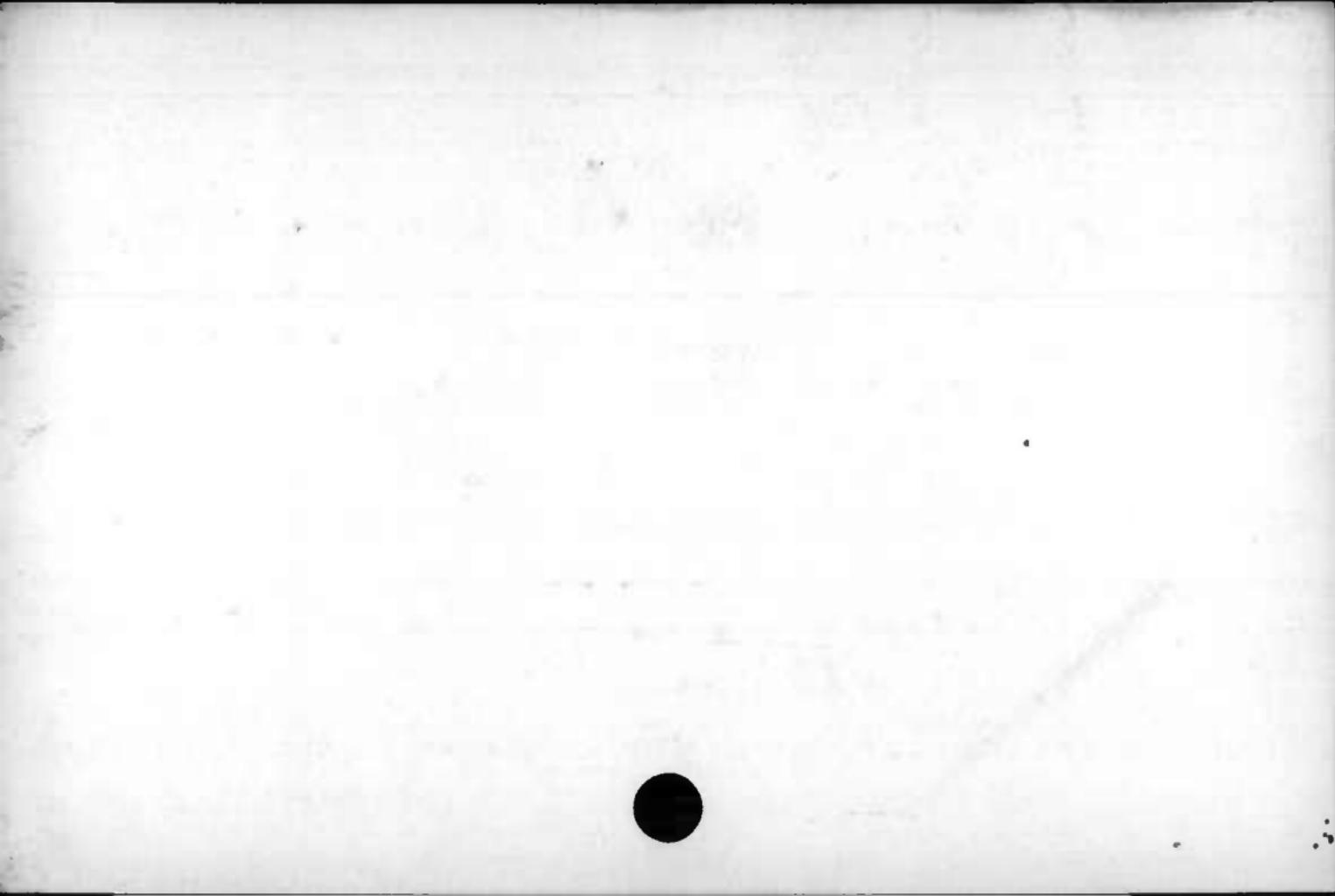
Address

Janet Hob —

Accident or Suicide?

No —

Mt. Airy —



Name  
in  
Full

Wm. L. Woodley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1905	Month	Day	Years	Months	Days
Sex	male	Color or Race	white	Birth-place	England	
Occupation	Unkown	Where Residing if not at place of death			Baltimore	
Married, Single or Widowed		Name of Wife or Husband	Mrs Susan M. Woodley			
Father's Name				Father's Birthplace	England	
Mother's Maiden Name				Mother's Birthplace	England	
Name of person giving information	Wife			How related to deceased	Wife	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Intestinal Indigestion

How long

Immediate

Perforation

How long

Are the name, age, sex, color, date and place correctly given above?

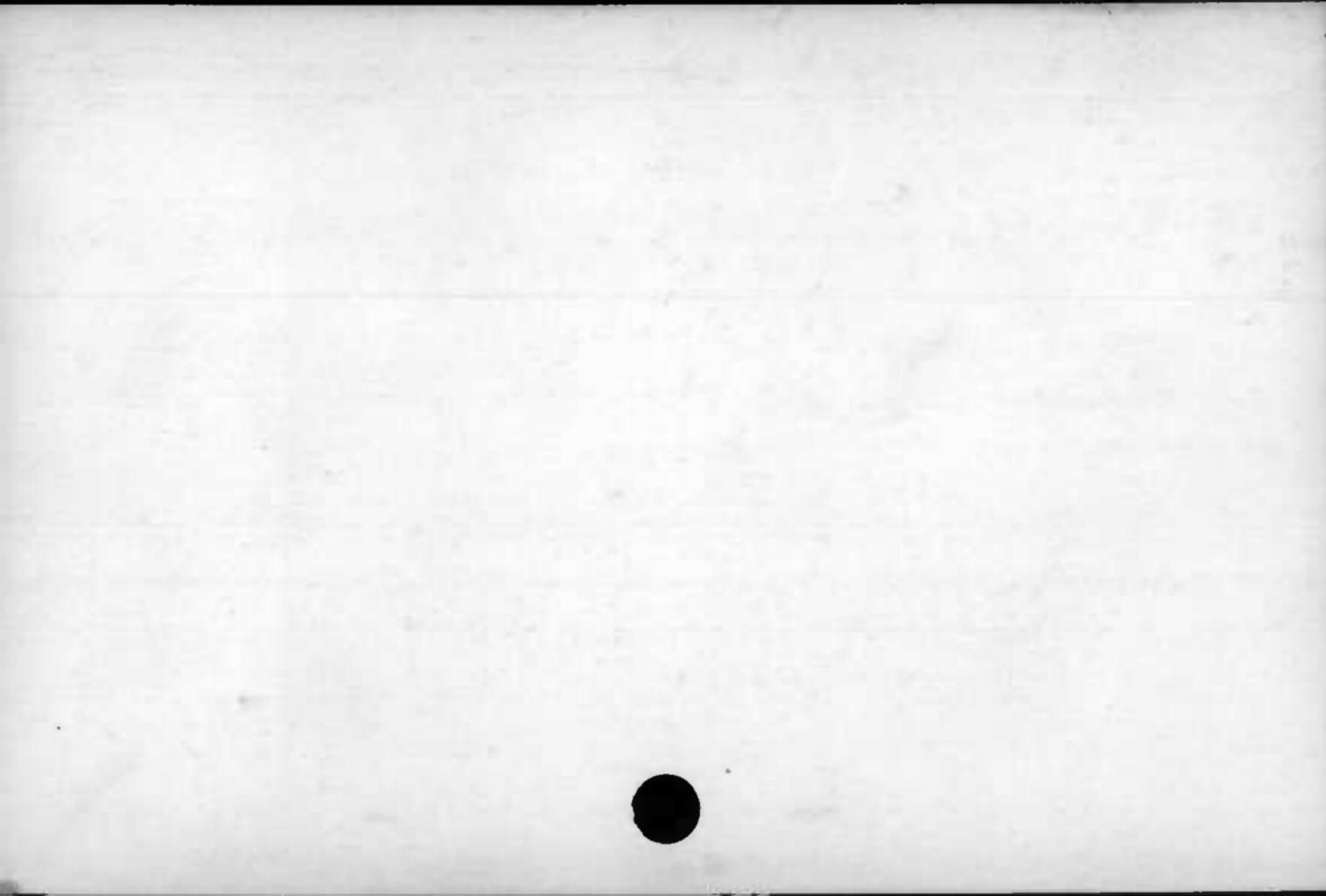
Yes

Signature of Physician

Address

J. Clement Clark  
Sykesville

Accident or Suicide?



Name  
in  
Full

Edward Marfield Yox

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

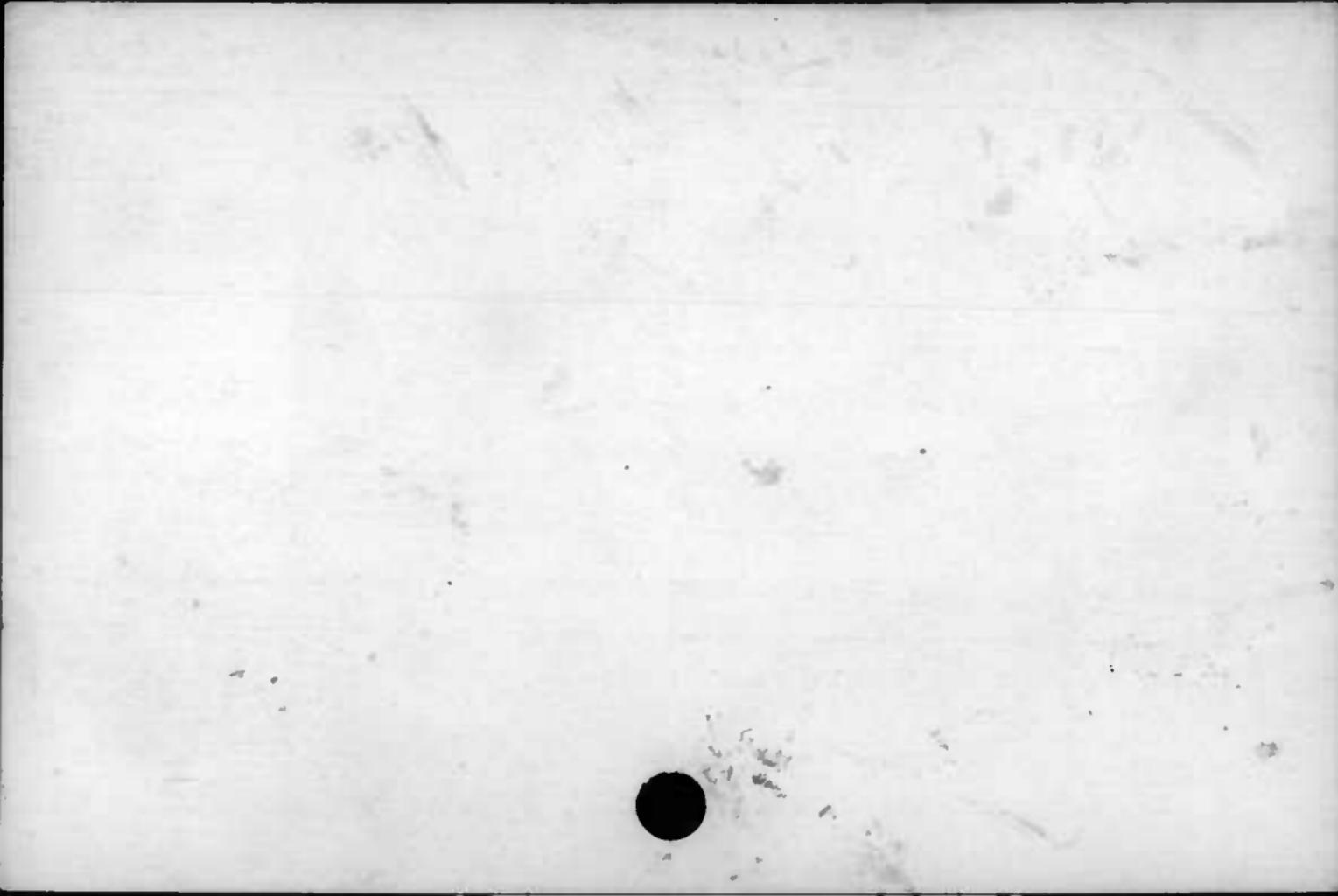
Died at		Town	County		MARYLAND	
Oakland		Carver				
Date of death	Month	Day	Years	Months	Days	
1905	July	23	—	16	—	
Sex	Male	Color or Race	white	Birth-place	Carver Co.,	
Occupation	Infant	Where Residing if not at place of death			—	
Married, Single or Widowed	—	Name of Wife or Husband			—	
Father's Name	Edw Yox	Father's Birthplace			Med	
Mother's Maiden Name	Grace Pon	Mother's Birthplace			Med	
Name of person giving Information	George Vaughan	How related to deceased			Brother in Law	

CAUSES OF DEATH

Primary	Cholera Infantum	(105)	How long	10 days
Immediate	Anæsthetic		How long	3 days

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
	J. M. Blaude	
Accident or Suicide?	Registers term Med.	



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at Town

John W. Jeff 1/2 tx  
Finksburg Md. Carroll County

MARYLAND

Date of death 1905 Month

Day 2 Age 56 Years

Months 3 Days 15

Sex Male

Color or Race

White

Birth-  
place

Westminster

Occupation

Farmer

Where Residing if not  
at place of death

Finksburg Md.

Married, Single  
or Widowed

Name of Wife or  
Husband

Dora Lee Goodwin

Father's  
Name

Lawrence Zeff

Father's  
Birthplace

Westminster

Mother's  
Maiden Name

Susan Ann Cook

Mother's  
Birthplace

Finksburg

Name of person giving  
Information

Albert H. Zeff

Householder  
or deceased

son

CAUSES OF DEATH

Primary

Gun shot wound

How long

Death instantly

Immediate

rupture of Brain tissue

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Sam L. Morris

Finksburg

PHYSICIAN  
OR CORONER

Accident or Suicide?

